IGWG MEN AND REPRODUCTIVE HEALTH TASK FORCE

Reaching Men to Improve Reproductive Health for All

Resource Guide

Contents

Acknowledgments

The result of a collaborative effort, this Resource Guide was written by Michèle Burger and edited by Charlotte Feldman-Jacobs. Michal Avni, Meg Greene, Diana Prieto, and Harris Solomon provided critical input. David Johnson, Patricia Klosky, Raiz Mazitov, Kimberly Switlick, and Victoria White conducted the research. Thanks also go to Gary Barker, Debbie Rogow, and Rahul Roy who assisted in identifying relevant articles; to Britt Herstad who worked on production; and to Heather Hurwitz who helped with the proofreading.

Funding for this Resource Guide was provided by the USAID Interagency Gender Working Group.

The views put forth in these sources are those of the individual authors and do not necessarily represent the opinions of any of the sponsoring agencies.

This publication was prepared with support from MEASURE Communication (HRN-A-000-98-000001-00), a project funded by the U.S. Agency for International Development (USAID).

I. Introduction

In 1996, in response to global action plans adopted at the Cairo and Beijing conferences emphasizing that men's shared responsibility was essential to improving women's health, USAID's Office of Population commissioned a survey to provide information about the extent and nature of men's involvement in its family planning and reproductive health programs. The report, "Involving Men in Reproductive Health: A Review of USAID-funded Activities," indicated that USAID cooperating agencies lacked clear guidance on the priority that they should place on this issue, and needed models on how to integrate men into existing programs in a way that enhanced services to women.

Recommendations included that USAID should provide direction on cost effective and gender-sensitive approaches to reaching men, should ensure universal availability of condoms, and should give higher priority to information and services for young men. In 1997, the Office of Population convened the Interagency Gender Working Group (IGWG), with broad participation from cooperating agencies, donors, and other individuals and agencies working in the field of reproductive health. Four subcommittees were formed: Gender and Policy, Research and Indicators, Program Implementation and Men and Reproductive Health. The Subcommittee on Men and Reproductive Health was one of the most active, developing core values and undertaking a number of activities.

Core Values of the Men and Reproductive Health Committee:

- To promote women's empowerment and gender equity, particularly concerning reproductive health;
- To increase men's support for women's reproductive health and children's well being; and
- To promote the reproductive health of men and women.

Key Activities:

- To help institutionalize men's positive participation in reproductive health;
- To provide a forum for ideas, networking, and information exchange;
- To improve knowledge of best practices on men and reproductive health;
- To advise USAID and agencies interested in men and reproductive health; and
- To monitor projects funded by the committee.[1]

Key Priority Themes:

- Work with boys and young men;
- Promote dual protection; and
- Involve men in addressing gender-based violence.

[1] A list of these are available on the IGWG and on PATH's RHO websites at www.igwg.org and www.rho.org/html/menrh_igwg.html#key-activities.

In 2002, the Men and Reproductive Health Subcommittee evolved into a task force focusing on the three key priority themes. Its initial assignment as a task force was to host an international conference, *Reaching Men to Improve Reproductive Health for All*. From September 15-18, 2003, hundreds of researchers, program planners, and policymakers will gather outside of Washington, DC, to further explore the priority themes along with other related topics. This resource guide is intended to contribute to the database of information on the topic and to the networking of knowledge sharing that is the goal of the global conference.

This guide begins by offering a definition of male involvement with a gender perspective and then highlighting different aspects of reproductive health programs that consider men as partners. Its focus parallels the aims of the conference—to share information about current and effective tools and approaches for implementing gender-equitable strategies to involve men in reproductive health.

Themes addressed in this guide expand on the work of the task force. In addition to defining male involvement with a gender perspective, the guide provides information on the steps required to implement effective programs. One of the expected outcomes of this conference is an *Implementation Guide* that builds on the *Orientation Guide* (IGWG, 2000).[2] Thus, the section on programmatic and policy approaches and tools includes examples of strategies and methods that have been successful in such program activities as advocacy, outreach, and evaluation. The reproductive health topics addressed are involving men in maternal and child health, working with men on dual protection, and men's roles in addressing gender-based violence. The last two topics are priority themes for the task force. The conference, and thus this guide, addresses men's involvement in maternal and child health because of its importance and recent significant achievements accomplished in this area. Its experience in targeting boys and young men increased the awareness of the task force that even sub-groups are not homogeneous. As a result, the resource guide includes not only a section on designing programs for adolescents but also programs that target specific groups of men; for instance, men in the military and men at work. Resources posted on the Internet are listed at the end of this document.

Although this is a thematically extensive review of materials produced between 1998 and 2003, it is by no means exhaustive. It combines information gleaned from technical reports, articles, essays, research findings, theoretical works, program strategies, and papers presented at workshops. The document is intended as a reference tool to inform policymakers, program planners and implementers, donors, and activists about key elements that are essential in implementing reproductive health programs that reach out to men. Many of the programs included have been effectively implemented, rigorously assessed, and show measurable results. The Resource Guide also contains recently completed studies that inform on successful approaches, new tools, and guidelines

[2] *Involving Men in Sexual & Reproductive Health: An Orientation Guide by the Men and Reproductive Health Subcommittee* (Washington, DC: USAID Interagency Gender Working Group, 2002) can be accessed online at www.igwg.org, (see Tools and Publications) or ordered from prborders@prb.org.

helpful in implementing and evaluating reproductive health programs for men with a gender perspective. The materials were obtained through intense literature searches on the Internet and by soliciting information from members of the IGWG Men and Reproductive Health Task Force, Conference Steering Committee, Conference Advisory Group, and from conference participants.

II. Defining Male Involvement With a Gender Perspective

Defining male involvement with a gender perspective continues to be a challenge. One of the obstacles is that the notion of gender is rooted in feminist activism and thus has falsely been understood to pertain to women only. In fact, gender concerns both sexes since it refers to widely shared ideas and norms about women and men in a given society. The concept of gender suggests that differences between men and women are socially constructed, changeable over time and vary widely within and between cultures (UNFPA, 2000). Programs that involve men and mainstream gender promote gender equality by considering the implications of their mission, actions, and results on men and women.

Reproductive health agendas have been attempting to redress the lack of male participation by reevaluating gender perspectives. Greene (1999) provides the most up-to-date definition of gender-equitable reproductive health programs that involve men by tracing their evolution. Shortly after the 1994 International Conference on Population and Development in Cairo, the number of reproductive health programs that involve men spiked. However, many of these programs continued to see men as obstacles to family planning, to involve them only as allies in the goal to increase contraceptive prevalence, and to disregard the men's own reproductive health needs. This approach reinforced gender inequalities by relying on men as the ultimate decisionmakers concerning matters of fertility. Simultaneously, and in reaction to programs that ignored men's reproductive health, "male equality" family planning programs emerged. They intended to redress men's neglected reproductive health needs but in an environment that segregated them completely from existing programs that served women. As these programs surfaced, so did others that are gender sensitive and more accurately reflect the intent of the ICPD Program of Action. The *gender-equity framework* goes beyond assessing fertility and providing clinic-based services to men by "recognizing that gender inequity influences not only fertility, but also reproductive health and rights in general" (UNFPA, 2003). The table below illustrates the four frameworks identified by Greene (1999):

Frameworks of Male Involvement in Reproductive Health

Frameworks	Approaches	Purpose/Emphasis	Program Implications
Family Planning	Women only	-Increases contraceptive prevalence -Reduces fertility	-Contraceptive delivery to women only -Absence of men
International Conference on Population and Development (ICPD), Cairo, 1994			
Men and Family Planning	Solidarity Responsibility	-Increases contraceptive prevalence -Reduces fertility	-Contraceptive delivery to women and men -Views men as actors in fertility decisions -Downplays gender implications
Male Equality	Health marketing or meeting men's reproductive health needs	-Addresses men's reproductive health needs as much as women's RH needs have been addressed	-Men as clients -Appeals to men's self-interest -Downplays gender implications
Gender Equity in Reproductive Health	Educational Human Rights	-Promotes gender equity -Promotes women's and men's reproductive health through substantial male involvement	-Men as partners -Integrates a gender perspective -Reaches out to young men and male adolescents -Protects reproductive rights, gender equality and child rights

Source: Adapted from M. Greene, "The Benefits of Involving Men in Reproductive Health," *1999.*

However, some social scientists and researchers such as Figueroa (2003) are challenging the assumptions on which most reproductive health programs are based. He proposes a relational gender process that simultaneously considers men's and women's needs without challenging the premise that women are the only ones who reproduce or questioning the relationships of power. Similarly, Cleaver (2000) questions the way men are perceived in the gender and development arena. He talks about the crises of masculinity and offers several suggestions, among them developing positive role models for men and improving gender training. *From Violence to Supportive Practice* (UNIFEM, 2002) contributes to the literature that gives visibility to how men socialize among themselves and build support systems for each other, their sons, and families with the intent of increasing understanding of the role men play as providers in the broadest sense.

Ladjali (1999) merges the concepts of quality of care and gender, arguing that they are compatible, though providers are currently more knowledgeable about the former, while gender remains abstract. Yet, tools such as the indicators developed by Yinger et al. (PRB for IGWG, 2002) are helping transform gender into a more tangible and quantifiable concept. Such strategies as the life-cycle approach can also help standardize gender considerations. This framework captures men's and women's varying reproductive health needs, which change as people age. It has been effective in increasing male involvement while simultaneously broadening providers' understanding of clients' evolving needs (UNFPA 1998).

Recently, studies confirmed that power plays a role in sexual relations, that gender inequality permeates such relations, and that men and women benefit considerably when programs address gender-based power issues (Blanc 2001). Furthermore, the exploration of gender-based power contributes to increasing the understanding of men's fears and insecurities not only in their relationships with women, but in society at large. In his article, Cleaver (2000) indicates the changes that must occur concurrently for gender to be integrated into development. These include monitoring changes in gender relationships over time, developing positive role models for men, ensuring the support of the legal frameworks for gender equity and improving gender training within development organizations, i.e. reproductive and sexual health providers. Shears (2000) concurs and describes the harmful effects of male and female gender stereotypes. Women are vulnerable to harmful behaviors imposed on them by men, but men also suffer from risky behaviors resulting from their socialization (i.e., use of violence to resolve conflicts, pressure to be independent at an early age). Reproductive health programs that welcome men and are gender sensitive encourage men and women to question stereotypical gender roles and provide alternative models.

According to Helzner (2002), the International Planned Parenthood Federation has embraced a holistic approach to reproductive health that involves men, women, and communities, and service providers in Latin America and the Caribbean have already made some adjustments. The survey conducted by the Population Council (*Critical Issues in Reproductive Health,* 2000) hints at the complexity of involving men while

protecting women's health and right. It addresses the changes that have to be made at the facility level. Bergstrom (1999) and Levack (2001) provide examples of the texture and content of male involvement programs that integrate gender by addressing such issues as masculinity, male identity, fatherhood, sexuality, gender roles and stereotypes, and power dynamics. The "So What?" Report (Boender et al., forthcoming), which examines evaluated programs that address gender, confirms that integrating gender into reproductive health programs makes a difference in reproductive outcomes.

This resource guide includes a look at three case studies (IGWG, 2003) as examples of male involvement programs that are gender sensitive. Salud y Género of Mexico works with men in Latin America to reduce gender-based violence and improve men's support for women's reproductive health. The Society for the Integrated Development of the Himalayas (SIDH), in India, focuses on education as a means of achieving social justice in its work with young people of both sexes to improve gender equity and reproductive health outcomes. The Stepping Stones program is a communication, relationships, and life skills training package which has been used with men and women, including youth, to increase their awareness of gender issues to prevent transmission of HIV.

Abstracts

Bergstrom, G. ***Men's Voices, Men's Choices: How Can Men Gain From Improved Gender Equality?*** Report from a Sweden /Africa Regional Seminar in Lusaka, Zambia, 11-13 January 1999. Accessed online at www.qweb.kvinnoforum.se/papers/lusakaabstract.html, on August 1, 2003.

This document highlights sexuality, fatherhood, and male identity in a changing society, issues that were raised at a 3-day seminar in January 1999 entitled "How Can Men Gain From Improved Gender Equality?" The seminar was sponsored by the Swedish government with contributions by the Danish government and sought to stimulate discussion rather to make recommendations. Topics addressed included masculinity, the male and his body, male sexuality, Swedish men and gender relations, how men's health can benefit from women's empowerment in the age of HIV/AIDS, sex education for adolescent males, and using soccer to promote safer sex. The document considers creating new paradigms to address male sexuality in Africa, fatherhood, male roles, reproductive rights, the family and reproduction, resource control within the family, social change, and how men gain from improved gender equality. The seminar concluded that constructs of male identity should recognize that men are not homogenous but are part of multiple realities and are controlled by hierarchies. The seminar identified specific material, health, and emotional gains of gender equality, and identified many important future activities. By describing international alliances and efforts and pointing to resources in the literature and on the Internet, the document also placed this seminar in the context of other work on men stimulated by the 1994 ICPD.

Blanc, A.K. "The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence." Paper prepared for the Population Council for discussion at the meeting on *Power in Sexual Relations*, Washington, DC, 1-2 March 2001.

This article reviews what has been learned about the role of gender-based power in sexual relationships and in determining sexual and reproductive health outcomes. A framework for assessing the relationship between power relations and reproductive health is outlined and measurement issues are critically discussed. A summary of the main types of intervention approaches that have been implemented is included, as are a discussion of the programmatic, methodological, and ethical implications of the findings and recommendations for further experimentation and research. Although many challenges remain, results to date suggest that when gender-based power is recognized as an integral feature of sexual and reproductive health programs, there is a considerable payoff for both women and men.

Boender, C., D. Santana, D. Santillán, Karen Hardee, M.E. Greene, and S. Schuler. ***The "So What?" Report: A Look at Whether Integrating a Gender Focus Into Reproductive Health Programs Makes a Difference to Outcomes.*** Washington, DC: PRB for USAID's Interagency Gender Working Group, forthcoming.

The report questions whether integrating gender into reproductive health programs has an impact on outcomes and concludes that it does. It reviews carefully evaluated reproductive health programs that integrate gender by accommodating gender differences, transforming gender norms or exploiting gender inequalities. It describes the role that gender plays in unintended pregnancies, maternal mortality/morbidity, STIs, HIV/AIDS, gender-based violence, and quality of care, and gives examples of projects that integrate gender. Project summaries include an overview of the gender-related barriers to reproductive health faced by the community where the project is situated, objectives and strategies, evaluation design, reproductive health outcomes, gender outcomes, conclusions, and references.

Cleaver, F. "*Do Men Matter? New Horizons in Gender and Development*." *Insights* 35 (December 2000): 4.

Several issues relating to ways of perceiving men in Gender and Development (GAD) are addressed. The articles explicitly or implicitly deal with "crises of masculinity" but differ considerably in their analyses and suggested solutions. Focus is on the efficacy of projects in affecting gendered power relations; the dominant and changing definitions of men's roles; understanding the fears and insecurities that men experience in their relationships with women; the problems associated with lack of employment and the stereotyping of alternative employment opportunities such as women's work; and the link between individual state action with the development of damaging forms of masculinity, expressed in violence. Common to all is the need to locate the individual actions and beliefs of men and women within a wider framework of social, economic, and political change. As such, better understanding of gender relationships during the transition of emphasis from Women in Development (WID) to GAD requires investigation of men's

roles, monitoring of changes in gender relationships over time, development of positive role models for men, ensuring the support of the legal frameworks for gender equity, and improving gender training within development organizations.

Figueroa, J.G. "A Gendered Perspective on Men's Reproductive Health." *International Journal on Men's Health* [Forthcoming 2003].

This article contrasts different analytical approaches by examining how and where they place men within the various processes that impact reproductive health. The most currently used models identify the circumstances under which men are considered in the reproductive health discourse, for example, how they impact women's and children's health, whether they are absent or present and what impact that has on their partners' and offspring health. Figueroa proposes a model that considers the relational, social, and potentially conflictive nature of sexualized reproduction. This type of analysis simultaneously takes into account the various reproductive and sexual characteristics that are specific to men and women. It is a more dynamic model than the others, which look at isolated events. Figueroa integrates gender dynamics, including the dimension of power into the model he proposes.

Greene, M. "The Benefits of Involving Men in Reproductive Health." Paper presented at AWID and USAID, November 1999.

This paper defines pre- and post-ICPD frameworks for involving men in reproductive health. It illustrates the evolution from a family planning centered model that excluded men to a gender-equitable framework as envisioned at ICPD, and gives examples of how all sectors of society benefit from this latest model. Greene includes a matrix that defines the assumptions, purpose, programmatic implications, and obstacles faced by the four frameworks that she describes. The matrix lists key elements for developing male involvement programs that are gender equitable.

Haberland, Nicole and Diana Measham, eds. ***Responding to Cairo: Case Studies of Changing Practice in Reproductive Health and Family Planning.*** Accessed online at www.popcouncil.org/cairocasestudies/index.html, on August 1, 2003.

Part III of this report addresses sexuality, gender, and partners in services. The final two chapters offer specific suggestions for involving clients' partners. One describes a program in Egypt to involve men in post abortion care and the other an effort in Turkey to increase men's support of their wives during pregnancy, delivery, and postpartum.

Helzner, J.F. "Transforming Family Planning Services in the Latin American and Caribbean Region." *Studies in Family Planning* 33.1 (2002): 49-60.

The 1994 ICPD has generated widespread commitment to changing family planning programs from categorical and medically focused service organizations to reproductive health initiatives that embrace a wide range of social and human services. This article uses qualitative data analysis to review the experience of nine family planning association

projects in the Latin American and Caribbean region that have successfully transitioned to a gender-based and sexual health approach. A conceptual framework is proposed, including factors external to the organization. Factors that can promote a pilot intervention's becoming fully institutionalized include: the need for commitment from high-level staff and members of the board of directors, the creation of partnerships with other agencies, and an emphasis on monitoring and evaluation. Lessons from this experience and their potential relevance to other settings are reviewed and discussed.

Interagency Gender Working Group (IGWG). ***Involving Men to Address Gender Inequities: Three Case Studies.*** Washington, DC: Population Reference Bureau for USAID's Interagency Gender Working Group, 2003.

This abstract can be found on page 53.

Ladjali, M. ***Gender and Quality of Care: Common Approaches for Common Goals.*** WHO Division of Health Systems and Community Health. November 1998.

Since the ICPD and the Fourth World Conference on Women, policymakers, managers, and providers in reproductive health have been faced with several challenges. There is an increased awareness of the need for quality of care and what is required to improve quality. On the other hand, gender may be a more abstract and threatening issue since few tools are available for training and assessment. Associating gender with quality of care may be a less threatening approach to integrating gender perspectives into reproductive health programming. This paper aims to stimulate thinking and provoke discussion on integrating gender perspectives and quality of care in reproductive health, mainly at a programming level. It reviews concepts, their similarities and differences, and how to build on previous experiences of quality of care.

Levack, A. "Educating Men in South Africa on Gender Issues." *SIECUS Report* 29.5 (June-July 2001): 13-5.

Recognizing gender inequity as the fundamental factor behind both AIDS and violence against women in South Africa, EngenderHealth and Planned Parenthood Association of South Africa (PPASA) established the Men As Partners (MAP) Program in South Africa. The program conducts educational workshops with male and mixed-sex audiences, discussing gender, gender values, traditional gender roles, power dynamics, gender stereotypes, and perspectives on gender. While it is generally believed that a healthy exchange on views about gender can allow men to hear women's viewpoints and perspectives, this approach, however, is sometimes challenging. Women are often uncomfortable in mixed settings and are reluctant to participate in discussions. Male participants report that they are sometimes unable to express themselves openly due to the presence of women in the group. In addition, PPASA has implemented various strategies to engage hard-to-reach men, especially older men who are engaged in a variety of high-risk sexual behaviors. The article includes an evaluation of attitudes among 58 male participants in a MAP workshop in the Western Cape.

Muia, Esther, Joyce Olenja, Violet Kimani, and Ann Leonard. ***Integrating Men into the Reproductive Health Equation: Acceptability and Feasibility in Kenya. Critical Issues in Reproductive Health.*** New York: Population Council, The Robert H. Ebert Program, 2000.

Population Council researchers questioned women who received services at rural and urban hospital clinics, as well as their partners and service providers. Nearly all respondents, including providers, felt there were certain times in which the presence of men was undesirable, notably during the women's physical examination and in the labor ward during delivery. Socio-cultural, structural, and attitudinal constraints at the facility level also play a major role in keeping men away. These constraints need be considered in proposing and piloting strategies to improve male involvement in some aspects of reproductive health.

Raju, Saraswati, and Ann Leonard, eds. ***Men as Supportive Partners in Reproductive Health: Moving from Rhetoric to Reality.*** New York: Population Council, 2000.

The guiding principle of this publication is the belief that if men are brought into a wide range of reproductive health services as supportive and equal partners, as well as clients in their own right, the result will be better reproductive health outcomes for women and men. The projects described are implemented by various NGOs throughout India and provide a wealth of information on male partnership issues.

Shears, K.H. "Gender Stereotypes Compromise Sexual Health." *Network* 21, no.4 (2002): 12-3, 15-8.

Gender stereotypes of submissive females and powerful males may restrict access to health information, hinder communication, and encourage risky behavior among women and men in different ways. Ultimately, they increase vulnerability to sexual health threats such as violence, sexual exploitation, unplanned pregnancy, unsafe abortion, and sexually transmitted infections, including HIV. Women's low social and economic status throughout much of the world poses serious threats to their sexual health. Society's expectation that women defer to male authority supports many practices that are harmful to women's sexual health. On the other hand, while men benefit from their privileged status in most societies, traditional male roles also have their costs. Research shows that socialization of boys to repress emotion, use violence to resolve conflicts, and be independent at an early age has harmful effects on their health. Some experts believe that challenging traditional views of masculinity and femininity is essential to promoting sexual health. Several projects encourage men and women to question and change the assumptions about gender that govern sexual behavior.

UNIFEM. ***From Violence to Supportive Practice: Family, Gender and Masculinities in India.*** New Delhi, India: South Asia Regional Office, 2002.

The book consists of four field-based studies: 1) Gender, Masculinities and Domestic Labor; 2) Men in Beauty Parlors; 3) The Neighborhood "Boys Clubs"; and 4) The Father-

Son Relationship in Family Business. Complementing the analysis is a photo essay conveying a visual documentation at the field level. The publication addresses a dimension of gender relations that has so far remained muted, namely the support that men extend toward their families. It also delineates different aspects of the constructs of masculinity.

United Nations Population Fund. ***It Takes Two: Partnering with Men in Sexual and Reproductive Health***. New York: UNFPA, 2003. Accessed online at www.unfpa.org/upload/lib_pub_file/153_filename_ItTakes2.pdf, on August 1, 2003.

This abstract can be found on page 20.

United Nations Population Fund. ***Male Involvement in Reproductive Health: Incorporating Gender Throughout the Life Cycle*****.** Occasional Paper Series 1. New York: UNFPA, 1998.

This paper suggests ways to increase men's involvement in reproductive health and improve services by examining socio-cultural variables embedded in gender relations that shape male perspectives at various stages of life. With matrixes that depict men's and women's issues from infancy to old age, the paper makes the case that programs should have a basic understanding of gender dynamics and how decisions are made and implemented, and of the changing needs of both genders and their interaction. The paper juxtaposes specific aspects of men's life cycles with those of women and highlights key issues, characteristics, and gender roles. Visualizing these variables contributes to identifying opportunities for intervention.

United Nations Population Fund. ***Partnering: A New Approach to Sexual and Reproductive Health*****.** New York: UNFPA, 2000.

This abstract can be found on page 20.

Yinger, N., with A. Peterson, M. Avni, J. Gay, R. Firestone, K. Hardee, E. Murphy, B. Herstad, and C. Johnson-Welch. ***A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming*****.** Washington, D.C.: Population Reference Bureau for USAID's Interagency Gender Working Group, 2002.

This publication presents a framework for incorporating gender into the design and evaluation of population, health, and nutrition (PHN) programs. It introduces process indicators to help program planners address gender-related barriers and constraints to improved reproductive outcomes in family planning, safe motherhood, post-abortion care, nutrition, and HIV/AIDS.

III. Programmatic and Policy Approaches and Tools

Reaching men to improve the reproductive health of all affects every level of society. But multiple modalities must be employed to successfully reach men, including through participatory research, advocacy at the national and grass roots level and through the media, networking, service delivery, capacity building, and behavior change communication.

Sometimes fostering men's involvement requires adjustments at the policy level—for instance, in the health and educational systems, labor policies, and family law—or reexamination of collective norms within the community, in the household, and at work. At the organizational level, working with men requires revisiting missions, the allocation of resources, and the organizational culture. Is there equal job opportunity or does the staff reflect a skewed distribution of labor, with a majority of men in decision-making positions? Finally, at the individual level, men and women—including fathers, mothers, and mothers-in-law—need to reconsider how they socialize boys and girls and reassess the stereotypical expectations with which they burden their sons, daughters, sisters, brothers, husbands, and wives. *It Takes Two* (UNFPA, 2003) includes a complex gender-equitable framework of how to develop reproductive and sexual health programs for men (see page 18 of *It Takes Two)* as well as indicators to assess changes at various levels.

Tools and Approaches for Developing Reproductive Health Programs With a Gender Perspective

There is an extremely rich literature on tools and approaches for developing gender-equitable programs for men. This guide, therefore, includes primarily reports that contain multiple examples of tools and approaches used by state-of-the-art programs; those that have been rigorously evaluated and show some measure of success. This applies to the paper by Clark et al. (1999), the UNFPA technical report on partnering (2000), and the WHO report (2001), which includes information and references on the diversity of programs involving men with a gender perspective. The first paper considers primarily programs that have been rigorously evaluated and illustrates those that are successful while providing examples of problems, bottlenecks, and unsuccessful strategies. The challenges mentioned include low turnout for male workshops, unsustained initiatives, and prejudice against condoms. The UNFPA technical report is a comprehensive guide on gender-equitable male involvement programs. It begins by defining such commonly used terms as reproductive health, sexual health, gender, and gender equity. It examines prevailing male attitudes and practices in the areas of reproduction, sexuality, and services. Furthermore, it includes a chapter on future program directions that integrates the frameworks developed by Greene (1999) and addresses changing cultures, policy advocacy, and behavior change communications. Chapter 6 provides detailed

information on reproductive health services that focus on men. Chapter 7 focuses on reaching young men and boys. The recent UNFPA publication, *It Takes Two* (2003), transforms the technical report into a program guide for implementing partnership programs.

Recently, many tools have been developed particularly for assessment and training purposes. The *Dynamic Contextual Analysis of Young People's Sexual Health* (DFID, 2001) is one such tool for assessing needs. Needs assessment is critical for evaluating program outcomes, discussed in further detail under the section "evaluating male involvement programs with a gender perspective." In response to the need for indicators to measure whether programs are gender sensitive, the USAID Interagency Gender Working Group has published *A Framework to Identify Gender Indicators* (Yinger et al., 2002). This framework can be used to incorporate gender into the design of population, health, and nutrition programs.

EngenderHealth has developed several training tools. The MAP life-training guide (1999) is intended for trainers and educators; it includes interactive educational activities. The *Men's Reproductive Health Curriculum* (2000) provides health care workers with skills and information on how to work with men. Ndong et al. (1999) present a matrix that clearly defines the services included in men's reproductive health care, and where they can be obtained. The Stepping Stones skills training package (as described in IGWG's *Involving Men to Address Gender Inequities: Three Case Studies*) can be adapted to teach about gender, including masculinities, prevention of HIV/AIDS, and gender-based violence.

Some of the literature examines particular aspects of programs with a gender perspective. The article by Ringheim (2002) considers the implications of counseling men or couples. The study by UNFPA (1999) underlines the importance of community support in encouraging couples to seek reproductive health care. A program brief on behavior change communication, also by UNFPA (2002), highlights the use of hotlines as an effective tool for relaying information about various aspects of reproductive health to men and women. Pile et al. (1999) describe the lessons learned from the EngenderHealth MAP program in Turkey.

Abstracts

Clark, S., H. Brunborg, S. Rye, J. Svanemyr, and B. Austveg. ***Increased Participation of Men in Reproductive Health Programs: A Resource Document for the ICPD+5 Follow-up Process.*** Drafted for the Norwegian Board of Health Under a Contract with Dis/Centre for Partnership in Development Oslo, Norway, February 1999. Accessed at www.maqweb.org/maq_mini_U/docs/msfinal.doc, on August 1, 2003.

This compendium focuses on how to increase men's participation in reproductive health as mandated by ICPD. It has four basic objectives: to assess progress in implementing the Programme of Action produced in Cairo in 1994; to highlight examples of successful programs and areas where progress has been lacking; to identify high priority activities

that deserve greater attention; and to stimulate constructive debate on how best to increase men's participation in reproductive health. The conclusion is that significant progress was made between 1994 and 1999 in several areas including compelling evidence that male involvement initiatives can be effective as documented in rigorous published evaluations. Moreover, there are improved methodologies for working with data from couples and a significant global increase in condom use, particularly among high-risk adolescents and clients of commercial sex workers. Other findings are: greater donor support for male involvement programs, increased research and program activities that address a wide range of reproductive health issues, and accumulation of useful resources and strategies for men's participation in reproductive health. Despite these positive trends, however, the paper states that there are acute and widespread challenges remaining, such as instances of high risk HIV/AIDS infection among monogamous married women, pervasive sexual violence against women, and the untapped potential to reduce maternal mortality. The authors conclude that male involvement initiatives must be considered within the context of gender equity and that resources for such programs must be allocated cautiously to ensure that existing programs for women are enhanced and not undermined.

Department for International Development (DFID) in the United Kingdom. ***Dynamic Contextual Analysis of Young People's Sexual Health.*** University of South Hampton: Safe Passages to Adulthood Program, August, 2001. Accessed online at www.socstats.soton.ac.uk/cshr/SafePassages.htm, on August 1, 2003.

In recognition of the complexity and diversity of young people's sexual lives, researchers from the *Safe Passages to Adulthood* program developed the dynamic contextual analysis (DCA) methodology. The DCA goes beyond previous analyses by consolidating all that is known within a particular country or region regarding young people's reproductive and sexual health in order to obtain a more comprehensive understanding of the complex array of factors that affect young people's sexual lives. This booklet, which can be downloaded from the Internet, guides program and project leaders through the process of carrying out a dynamic contextual analysis. It includes sections on planning, conducting fieldwork, analyzing and disseminating findings, and using the findings to influence best practice.

EngenderHealth (formerly AVSC International) and Planned Parenthood Association of South Africa (PPASA). ***Men As Partners. A Program for Supplementing the Training of Life Skills Educators. Guide for MAP Master Trainers and Educators***. New York: EngenderHealth, 1999.

This training guide is intended for master trainers and educators of Men As Partners (MAP), a program for supplementing the training of life skills educators in the area of reproductive health in South Africa. Organized into two parts, this manual includes a variety of interactive educational activities for the MAP master trainer to use in his or her work.

EngenderHealth. ***Men's Reproductive Health Curriculum*****.** New York: EngenderHealth, 2000.

Section I of this training packet is designed to provide health care workers with the skills and sensitivity needed to begin working with male clients and to provide men's reproductive health services. The manual introduces participants to the attitudinal and organizational issues affecting the delivery of men's reproductive health services and provides basic information on male reproductive health for all staff that interact with male clients. Section II focuses on providing heath workers with the skills and attitudes needed to effectively counsel and communicate with men – either alone or with their partners. Section III is geared for clinicians, addressing reproductive health problems that male clients may present with.

Interagency Gender Working Group (IGWG). ***Involving Men to Address Gender Inequities: Three Case Studies.*** Washington, DC: Population Reference Bureau for USAID's IGWG, 2003.

This abstract can be found on page 53.

Krishna, Roy. "Impact of Partner-to-Partner Communication on Reproductive Health and Family Planning." *Populi—the UNFPA Magazine* 26, no. 4 (1999). Accessed online at www.un-instraw.org/en/db/public/documents2.phtml?id=1372, on August 1, 2003.

This article is the result of two surveys conducted in some Ecuadorian clinics managed by two local NGOs: the Centro Medico De Orientacion y Planificacion Familiar (CEMOPLAF), and the Centro Obstetrico Familiar (COF). It assesses the impact of communication between partners, shared decisions on reproductive health practices, and the use of family planning services that target ethnic and indigenous communities. The article affirms that the best use of reproductive health care by couples depends on community, family, and partner support, and explains possible strategies to mobilize communities and increase family and partner participation.

Ndong, I., R.M. Becker, J.M. Haws, and M.N. Wegner. "Men's Reproductive Health: Defining, Designing and Delivering Services." *International Family Planning Perspectives* 25 supplement (1999): S53-5.

This article describes a model of reproductive health for men based on a framework for program development and service delivery. Services for men fall into three major groups that can either be provided on-site or through referrals: screening for basic health services, IEC, and clinical diagnosis. Providing reproductive health services to men may require new ways of examining the means by which most reproductive health professionals extend care. This includes reviewing clinic policies and the clinic environment, staff attitudes, and additional training requirements. The model will be tested in the U.S. and Ghana. The aim is to safeguard access to existing women's

services, to enhance men's services, and to fulfill the needs outlined in the 1994 ICPD Plan of Action.

Pile, J.M. et al., *Involving Men As Partners in Reproductive Health: Lessons Learned From Turkey.* New York: EngenderHealth, 1999.

This summary of the EngenderHealth Men As Partners (MAP) initiative in Turkey includes lessons learned by service providers about designing reproductive health services and the activities that have motivated the involvement of men. The initiative aimed to increase the awareness of men by focusing on 1) support for family planning and reproductive health choices, 2) the need to protect people from sexually transmitted infections, and 3) improved access to men's contraceptive methods and comprehensive reproductive health services. The project also incorporated the role of men in reproductive health decisionmaking. The program effectively involved men in counseling and other services, being cautious not to diminish the resources and services extended to women. Greater use of contraception and a decrease in repeat abortions were observed after couples used counseling services. Dissemination of family planning information for men and women has improved dramatically over the last 30 years, but future activities will depend on more organized and concerted efforts.

Ringheim, K. "When the Client is Male: Client-Provider Interaction from a Gender Perspective." ***International Family Planning Perspectives*** 28 (2002): 3.

Client-provider interaction is the verbal and nonverbal communication that occurs between staff of a health care program and individuals seeking information or services. Good client-provider interaction is one goal of a worldwide movement that places family planning and reproductive health in a human rights context; responding to the client's needs rather than achieving a demographic or other outcome is the primary objective. Essential elements of good client-provider interaction are respectful treatment, including respect for the client's right to confidentiality and privacy, respect for a woman's right to make decisions about her body, voluntary and informed choice, and incorporation of a gender perspective. Current guidelines for client-provider interaction generally assume that the client is a woman. There is little empirical evidence to suggest how or why client-provider interaction should be modified when the client is a man or a male-female couple. This article examines the available literature and empirical data to highlight benefits and potential pitfalls in client-provider interaction when the client is male, and it includes suggestions for provider training to maximize benefits and reduce risks.

United Nations Population Fund. ***Communication/Behavior Change Tools Number 2: Effectively Using Hotlines for BCC in Population and RH.*** New York: UNFPA, 2002.

This programming brief includes definitions, explanations of the goals of hotlines for behavior change in population and reproductive health, and key programming elements to consider. Hotlines are innovative behavior change tools to maximize information, counseling and services. The brief also documents a few of UNFPA's experiences in integrating hotlines in its programs in such areas as humanitarian response, elimination of

gender violence, reduction of maternal mortality, HIV/AIDS, sexuality education, legal advice, and literacy.

United Nations Population Fund. ***It Takes Two: Partnering with Men in Sexual and Reproductive Health***. New York: UNFPA, 2003. Accessed online at www.unfpa.org/upload/lib_pub_file/153_filename_ItTakes2.pdf, on August 1, 2003.

This publication offers guidance on effective gender-sensitive ways to engage men in their own and their partners' reproductive and sexual health. It includes examples of successful strategies and programming as well as lessons learned. A checklist summarizing key points makes this program advisory note an especially useful tool for both designing and evaluating projects.

United Nations Population Fund. ***Partnering: A New Approach to Sexual and Reproductive Health*****.** New York: UNFPA, 2000.

This technical report looks at constructive ways to build partnerships between men and women. Just as family planning and the pill were revolutionary 50 years ago, building partnerships with men in areas such as sexuality, reproductive intentions, new gender roles, fatherhood, and conflict resolution is the revolution occurring today. The expectation of the new paradigm is that partnership in sexual and reproductive health leads to a gender-equitable man, which leads to men taking ownership of the problems and being part of the solution. Themes examined in this report are the influence of gender systems on men's identity formation and on gender relations; the multiple expectations and challenges of being a man; men's knowledge, attitudes, and behavior in the areas of sexuality and reproduction; the role men play in the HIV/AIDS epidemic; the urgency of dealing with the different kinds of sexual relationships men have, including same-sex behavior; what men's sexual and reproductive health needs are and how reproductive health services can better respond to them; the need to go beyond a health-needs and fertility-based approach to legislation, advocacy, and choices; and the need to remove such practices as son preference, early marriage, female genital mutilation, and gender-based violence.

WHO. ***Programming for Male Involvement in Reproductive Health: Report of the Meeting of WHO Regional Advisors in Reproductive Health.*** Washington, DC: WHO/PAHO, 5-7 September 2001.

This report lists the meeting's goals, objectives, and outcomes, and includes overall recommendations categorized as lessons learned and research implications. The themes addressed include STIs, family planning, safe motherhood, and other general reproductive health issues and advocacy. Papers presented by leaders in the field are organized by theme, concluding with lessons learned and future program directions. The report is a rich source of information and references on the diversity of programs in this field.

Yinger, N. et al. ***A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming*****.** Washington, DC: PRB for USAID's IGWG, 2002.

This abstract can be found on page 14.

Advocating for Involving Men in Reproductive Health Policies

Advocating for men's participation in reproductive health is a critical step in reforming policies, programs, and legislation. Information education communication/behavior change communication (IEC/BCC) helps change attitudes. Both these activities are essential to promoting male involvement (Kumah, 1999). Many valuable tools for advocacy exist, including the CD-ROM *Involving Men in Sexual and Reproductive Health: An Orientation Guide by the Men and Reproductive Health Subcommittee* (IGWG 2000), and the IGWG and PATH websites (see www. igwg.org and www.rho.org, section on men and reproductive health). They affirm that while men have historically been excluded from family planning and reproductive health programs, men are critical to the success of reproductive health programs. *The International Journal for Health Promotion & Education* (1999) gives examples of ways in which advocacy can be used to promote male involvement in reproductive health initiatives.

The HIV/AIDS pandemic brought into sharp focus the fact that a traditional emphasis on women's health and family planning can result in men's reproductive and sexual health being overlooked. Hawkes (1998) contends that men need to be included in STI control programs. She describes the experiences of establishing sexual health clinics for men within the existing service structure in rural Bangladesh. Verbel and Mehta (2002) point out the negative consequences of neglecting men, especially in preventing HIV/AIDS. However, not all programs focus only on STI/HIV/AIDS prevention. Men participating in studies on male sexual health outcomes indicated that their major concerns relate more to matters of psychosexual disorders (Collumbien and Hawkes, 2000). The authors conclude that advocacy for men's reproductive health must persevere until the public sector offers full comprehensive sexual health services for men, as it aims to do for women. In contrast, Hamand (2001) focuses exclusively on advocacy to prevent HIV/AIDS for specific groups of people at higher risks. One example of advocacy activities targeted trade unions leaders in Tanzania (Popoola, 1999).

Abstracts

Collumbien, M. and S. Hawkes. "Missing Men's Messages: Does The Reproductive Health Approach Respond to Men's Sexual Health Needs?" *Culture, Health and Sexuality* 2, no. 2 (2000): 135-150.

After the 1994 ICPD in Cairo, program paradigms shifted from a family planning focus toward comprehensive reproductive and sexual health. This article illustrates how the traditional emphasis on women's health and family planning can result in men's sexual health needs being overlooked. The rising concern and need for programs that address

STIs has evolved into a biomedical rationale to target men with health services. Planning appropriate health interventions requires more knowledge about how men perceive their sexual health. This paper presents data on male sexual health outcomes from two health intervention studies in South Asia (Orissa, India, and in rural Bangladesh). It discusses the similarities in men's perceptions of sexual health found in these studies. While public sector programmers and health planners may be focusing their attention on controlling STIs, men in both studies indicated that they are more concerned with matters related to psychosexual disorders. The failure of public sector programs to address these issues may lead men to continue to seek care for all their sexual health problems, including STIs, in the unregulated and possibly ineffective private sector. The authors advocate for establishing fully comprehensive public sector sexual health services for men, similar to those planned for women.

Hamand, J. ***Advocacy Guide for HIV/AIDS.*** London: International Planned Parenthood Federation, 2001.

This guide focuses on the application of advocacy to HIV/AIDS prevention, specifically to protect human rights and safeguard human dignity in the context of HIV/AIDS and to ensure an effective rights-based response to HIV/AIDS. Other topics include promotion of male and female condom use for dual protection against STIs/HIV/AIDS and unwanted pregnancy; and education of children and young people on reproductive health issues, including HIV/AIDS. It promotes advocacy for different groups of people at higher risk, such as sex workers, injecting drug users, men who have sex with men, migrants and refugees, people in the armed forces, and prisoners.

Hawkes, S. "Why Include Men? Establishing Sexual Health Clinics for Men in Rural Bangladesh." *Health Policy and Planning* 3, no. 2 (1998): 121-130.

Following recommendations from the 1994 ICPD, and given recent findings on the link between controlling STIs and reducing the incidence of HIV, many countries are working to establish STI control programs. In many cases, STI control is being pursued through a strategy of providing comprehensive reproductive health care via the maternal and child health and family planning system (MCH/FP). This approach involves the management of all reproductive tract infections, including STIs. However, it overlooks men, an essential and large segment of the target population. While men are generally at greater risk than women of initially contracting STIs, the clinical management of male infections tends to be simpler than treating equivalent infections in women. Men need to be included in STI control programs. The author describes the experiences of establishing sexual health clinics for men within the existing service structure in rural Bangladesh. The clinics began providing comprehensive sexual health services rather than just simple STI care based on client demand.

Interagency Gender Working Group, Men and Reproductive Health Subcommittee. ***Involving Men in Sexual and Reproductive Health: An Orientation Guide.*** Washington, DC: USAID's IGWG, 2000.

An orientation guide CD-ROM created by the IGWG Men and Reproductive Health Subcommittee that encourages new thinking about male involvement in reproductive and sexual health and recommends how to integrate men into RH programs to benefit both men and women. It is divided into various modules, from an introduction on involving men in sexual and RH programs to discussions on men, family planning, and RH; addressing men and STIs/HIV; the need for focusing on adolescents and young men; men's role in safe motherhood and family well-being; and the effects of violence on women's sexual and reproductive health and approaches to addressing violence against women.

International Union for Health Promotion and Education. ***Promotion & Education, International Journal for Health Promotion & Education*****.** June, 1999.

This issue considers the different ways that advocacy is used to promote reproductive health initiatives. Several articles describe advocacy activities that promote male involvement. Examples of these are included as separate abstracts. However, all the articles deal with advocacy and reproductive health programs involving men and emphasize advocating to leaders at all levels of society--political, religious, traditional, and financial.

Kumah, O.H. "Fostering Male Involvement and Partnership: A Stepwise Process, Reproductive Health Through Advocacy. *Promotion & Education, International Journal of Health Promotion and Education* VI.2 (June 1999): pp.16-19.

Advocacy is an essential step in reforming policies, programs, and legislation, while Information, Education, and Communication (IEC) can help change entrenched attitudes, beliefs, values, and norms. Kumah believes that both activities are essential to promote male involvement. The first part of the article identifies three main issues that require advocacy for male involvement: fostering a favorable policy environment, re-orienting services to reach and attract men, and creating a socio-cultural climate that is supportive of male involvement. It devotes particular attention to the third issue by identifying members of society that should be targeted in advocacy efforts because of their roles in establishing and condoning social norms (i.e. traditional authorities, men's groups, women's associations, and the media). The ultimate beneficiaries of such initiatives are men who gain greater access to services and enjoy closer relationships with their partners and children. However, to get there, IEC is an integral component; many men, including those in leadership positions, need to be informed about the reproductive health needs of men and women. The article provides examples of the government and non-governmental institutions involved in advocating and implementing male involvement activities.

Popoola, D. "Involving Men in Reproductive Health Advocacy in the United Republic of Tanzania." *Promotion & Education, International Journal of Health Promotion and Education* VI, no. 2 (June 1999): 20-23.

This is a case study of an advocacy/IEC project designed and funded by UNFPA in collaboration with the Organization of Tanzania Trade Unions. The target audience for the advocacy component is the leadership of the trade union, as well as leaders of other industries, plantations, and factories. The intent is to build partnerships with groups that are unresponsive to the reproductive health needs of men. The project is based on the hypothesis that men are involved in reproductive health, but there is an absence of instruments to measure their involvement. For instance, men are rarely asked if they participate in family planning. The case study describes the strategies and activities implemented, along with the results obtained, and concludes that, contrary to the assumption that men are apathetic to reproductive health, men welcome the opportunity to be involved.

Verbel, L.C., and M.P. Mehta. "Men as Partners in Reproductive Health." *Sexual Health Exchange* 2 (2002): 5-6.

The authors discuss the problem associated with reproductive health and family planning services that focus solely on serving the needs of women. Neglecting men and their reproductive health needs is not an effective strategy and can have negative consequences, especially in the context of HIV/AIDS. The Men as Partners (MAP) program, developed by EngenderHealth, aims to place the needs of men as women's partners and as individuals in their own right on the agenda of health care providers and policymakers worldwide.

Evaluating Gender-Equitable Reproductive Health Programs That Involve Men

One of the challenges in assessing whether reproductive health programs that involve men are gender equitable and if they are successful has been the absence of indicators. Recently, several helpful tools for evaluating these programs have been produced by a number of organizations. As mentioned under the section on tools and approaches for developing programs that involve men, Yinger et al. (2002) developed a framework that includes examples of indicators. In its most recent advisory note on partnering with men, UNFPA (2003) includes a list of expected results of such programs. Measurable indicators include fewer sexually transmitted infections, including HIV/AIDS; greater choice of family planning methods; fewer unwanted pregnancies; preparedness for safer motherhood; a reduction in harmful practices; and less violence against women. In another report, UNFPA (1999) assesses the progress to date in several countries on involving men. The indicators used in this evaluation looks at men's involvement in family planning activities, men's behavior toward women, their participation in reproductive health programs and activities, among others. IPPF/WHR (2002) developed a scale with indicators for assessing the gender sensitivity of a given program. Indicators

on this scale consider how a clients needs are assessed and addressed. IPPF/WHR (2000) also developed a manual that assesses the quality of care of services from a gender perspective.

Abstracts

International Planned Parenthood Federation, Western Hemisphere Region, Inc. ***How Gender Sensitive Are Your HIV and Family Planning Services?*** New York: IPPF/WHR, 2002.

This continuum is a user-friendly tool to investigate how responsive an organization's services and programs are to gender issues related to HIV prevention within an overall rights-based approach to sexual and reproductive health. It is designed to be used as a rapid assessment to determine where programs fall on the continuum ranging from non-gender-sensitive to ideal.

International Planned Parenthood Federation, Western Hemisphere Region, Inc. ***Manual to Evaluate Quality of Care from a Gender Perspective.*** New York: IPPF/WHR, January 2000.

This manual is designed for reproductive health institutions that want to assess the quality of care of their services and program form a gender perspective. The objectives of the evaluation are to operationalize concepts of quality care, gender equity and sexual and reproductive rights; to assess the extent to which a gender perspective has been incorporated into the institution; to create an environment that facilitates the identification of areas for improvement with respect to the gender perspective; and to strengthen staff capacity to analyze critically the extent to which they incorporate the gender perspective in the provision of services. The methodology includes three observation tools, a client exit interview, a service provider interview and a document review. The guide includes a description of the methodology, specific research instruments, details on how to analyze the results and instructions on activities.

United Nations Population Fund. Implementing the Reproductive Health Vision: Progress and Future Challenges for UNFPA – Involving Men in Reproductive Health. Evaluation Findings. Office of Oversight and Evaluation. New York: UNFPA, 1999.

This report is part of a review conducted by the UNFPA Office of Oversight and Evaluation to assess progress to date in implementing the reproductive health approach of the 1994 ICPD Programme of Action. The review is based on a sample of six countries: Burkina Faso, Mexico, Morocco, Nepal, Philippines and Uganda. The assessment deals with progress in the involvement of men in reproductive health services in these six countries. It focuses on: (i) family planning activities and domestic decision making processes; (ii) men's behavior towards women, including when providing and/or managing reproductive health services; (iii) men's participation in reproductive health

programs and activities; (iv) utility of Information, Education, and Communication (IEC) strategies directed specifically at men.

United Nations Population Fund. ***It Takes Two: Partnering with Men in Reproductive Health*****.** New York: UNFPA, 2003.

This abstract can be found on page 20.

Yinger, N. et al. ***A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming*****.** Washington, DC: PRB for USAID's IGWG, 2002.

This abstract can be found on page 14.

IV. Reproductive Health Topics Through Which to Reach Men

Gender-sensitive programming does more than address men's recognized reproductive health needs (e.g., voluntary counseling and testing for HIV/AIDS, treatment of STIs and prostate cancer, and provision of contraceptives). Such programs inform men about men's and women's reproductive health, and increase men's awareness of the consequences of risky sexual behaviors and of gender-based violence. They offer alternative models of masculinities that encourage joint-decision making, encourage increased communication about reproductive and sexual health, and introduce such topics as conflict resolution, getting in touch with and dealing with emotions. Such programs also welcome men who accompany their partners to clinics for such services as family planning counseling, pre- and post-maternal care and delivery, while assuring women's equal rights are protected.

Involving Men in Maternal and Child Health

High levels of maternal morbidity and mortality persist. The current consensus is that men need to be part of the solution in efforts to reduce maternal mortality and improve women's reproductive health. Numerous studies undertaken in the last five years confirm that men lack understanding of the risks of pregnancy and that limited access to life-saving treatment reflects the underlying societal gender inequity and the low value placed on women's lives (Bloom et al., 2000; IGWG, Orientation Guide, 2000). But increased efforts, since ICPD+5, to involve men in promoting maternal and child health aim to improve men's understanding of the importance of pre- and postnatal care. Programs that involve men in maternal and child health underline the role men can play in reducing maternal and infant mortality by providing transportation to clinics, recognizing symptoms that require medical attention and assuring that women get the proper nutrition and rest (Adewuyi et al., 1999; Carter, 2002; Galloway, 2000; Mishra et al., 2002; Ntabona, 2001; Population Council/Horizons, 2001; Raju and Leonard, 2000; Ransom, 2000). More importantly, research suggests that programs that improve "awareness of obstetric complications among members of a pregnant women's immediate and wider social network," including their partners, are a factor in reducing maternal and child mortality and morbidity (Roth and Mbizvo, 2001). Ngom (2000) and Ntaboma (2001) emphasize advocating for increased investment in health care by community members and policy makers, as well as increased awareness by men that they can do more to support their partners. The SEWA program in rural India has been successful in increasing pregnant women's use of health facilities by working with men and extended family members to begin preparing them for childbirth as soon as pregnancy is acknowledged (Raju and Leonard, 2000). In China, male participation in reproductive health includes sharing responsibility with women in childbearing and childrearing (Liu and Xie, 2002).

Surprisingly, there are few programs that actually address fatherhood, a critical stage in a man's life. A study in Brazil suggests that men do not have a model of fatherhood and, thus, men who attempt to be "good" or involved fathers merely mirror the maternal model (Muszkat et al., 2000). Fathers, Inc. in Jamaica, Papai in Brazil, and CORIAC in Mexico, are among the few organizations that address the issue of fatherhood. They do so by running small group discussion sessions, and providing health education and advocacy for young fathers.

Abstracts

Adewuyi, A.A., O. Aina, and A. Odebiyi. "Male Factor in Emergency Obstetric Care: methodological issues." *Pregnancy,* Ede, Nigeria: Center for Research, Evaluation Resources, and Development (1999): 11-7.

This study determines the extent of male knowledge surrounding pregnancy and childbirth in Nigeria. Data for the study includes two treatment areas, Ode-omu and Ejigbo, and one control nonintervention area, Otan Ayegbaju. In both treatment areas, the intervention was focused on educating men in particular, but also women of reproductive age, on ways of recognizing obstetric emergencies, their fatalities, and how maternal mortality and morbidity could be reduced based on cultural factors and an understanding of gender roles. Baseline data were also collected in the three towns determining the role of men in emergency obstetric care for their wives. Additional data were collected that document men's and women's knowledge, attitudes, and practices in situations relating to obstetric emergencies and associated care including hemorrhage, abortion, hypertension, infections, and obstructed labor. The outcome of the baseline and post-intervention studies constitutes a good basis for evaluation of the research activities. Men and women who participated in the intervention became more knowledgeable about the risks of obstetric emergency and the fatal consequences of neglecting symptoms that require immediate care.

Bloom, S., A. Tsui, M. Plotkin, and S. Bassett. "What Husbands in Northern India Know About Reproductive Health: Correlates of Knowledge About Pregnancy and Maternal and Sexual Health." *Journal of Biosocial Science* 32.2 (2000): 237-251.

This study assesses the knowledge, attitudes, and practices of 6549 men in regard to reproductive health in five districts in the northern Indian state of Uttar Pradesh. The factors contributing to men's knowledge in the areas of STIs, fertility, and maternal health were also examined. Results indicated that few men had basic knowledge in any of these areas. The study found that men who believed it is not possible to prevent a pregnancy were less likely to know when during the menstrual cycle women would become pregnant. They also lacked knowledge about STIs, but were more likely to be able to name two or more symptoms of serious maternal health conditions. Possible explanations for the results of the study are also discussed in the article.

Carter, M.W. "Because He Loves Me": Husbands' Involvement in Maternal Health in Guatemala. *Culture, Health and Sexuality* 4, no.3 (2002): 259-279.

This study focuses on male involvement in maternal health and explores how Guatemalan men and women think about husband involvement in pregnancy, birth, and the postpartum period. Based on individual interviews and focus groups with men, women, and community health workers in two rural areas of Guatemala, researchers describe the pregnancy-related advice and assistance husbands give, and the reasons men are and are not involved in maternal health. Both men and women reported that male involvement in maternal health is relatively high, desirable, unique, and affected by many factors, including love, men's work demands, economic concerns, and men's knowledge. The results help to fill broad gaps in understanding male involvement in this aspect of family health.

Galloway, M.R. "Men Have a Role to Play in Decisions on Breastfeeding." *AIDS Bulletin* 9, no.3 (2000): 35.

One of the main messages delivered at the 13th International AIDS Conference in Durban, South Africa, was that men and community leaders constitute an important influence on women's decisions about breastfeeding. In addition, it was noted that strategies are needed in order to reach and educate males and community elders about the dangers of HIV transmission and options such as breastfeeding or formula feeding. In a study from Khayelitsha in Cape Town, it was shown that workers are not completely informed about the complications of breastfeeding and often do not give sufficient information to mothers or to HIV-positive women. Another issue that received attention was the use of wet nurses, namely that grandmothers are used as wet nurses because of the difficulty in finding HIV-negative younger women. Moreover, participants emphasized the need for couple counseling and the need for childcare services to be upgraded as a whole in many developing countries.

Liu, X., and Z. Xie. "Men's Involvement and Reproductive Health." *China Population Today* 19, no. 3 (2002): 2-5.

This paper discusses male participation in reproductive health in China. It refers to promotion of male contraceptive methods as well as sharing responsibility with women in childbearing, sexual health, and child rearing. RH has become the focus of global attention due to a number of factors: the proliferation of HIV/AIDS and other types of STIs; the rampancy of sex-related violence; and an enhanced awareness of the effect of gender inequality on sexual relations and RH.

Mishra, A., L.C. Varkey, S.K. Banerjee, D. Huntington, and A. Das. "**Family Planning Choices of Young Couples Attending Antenatal Clinics in Delhi: An Analysis of Husbands' and Wives' Views."** Presented at the 25th Annual Conference of the Indian Association for the Study of Population, International Institute for Population, in Mumbai, India, Feb. 11-13, 2002.

Research on family planning decisionmaking in India shows that service provision continues to exclude men. Services currently concentrate on women with female-only methods of contraception; however, studies show that men and family elders continue to be the primary decisionmakers in all family matters, including the desired number of children. Inadequate communication and inter-spousal discussion on family planning and reproductive health matters is often attributed to non-acceptance of contraception methods, though inter-spousal agreement on a particular method is also an important element. The Population Council in Delhi initiated the Men in Maternity (MiM) study, a global operations research project with aims to address these issues by creating an environment where men are welcome to attend antenatal and postnatal clinics with their wives. Men's participation will enhance their understanding of their wives' reproductive health needs during pregnancy and in the postpartum period. It will also improve discussions between the husband and wife on family planning and reproductive health matters that, in turn, could enhance the contraceptive use and STI preventive practices. This paper investigates the husbands' and wives' communication about fertility and family planning, sex preferences and timing of sex, and attitudes on future child bearing. The data were collected from a survey of women and their husbands who visited the antenatal clinic in the area where the program is being implemented.

Muszkat, M., M.C. Oliveria, and E.D. Bilac. "When Three is Better Than Two." Report presented to the World Health Organization, Strategic Component on Social Science Research in Reproductive Health, January 2000.

This paper, which focuses on fatherhood, is one of three commissioned by WHO to study men, masculinity, and reproduction. The results obtained indicate an effort by two generations of men who participated in the study (men between the ages of 25-39 and 40-59) to distinguish themselves from their own "formal and distant" fathers. Most of the older men are motivated not only by the desire to differentiate themselves from their own fathers, but by enormous pressure exerted by their female companions. In contrast, the younger men tend to recognize the importance of women's careers, show a more authentic interest in their children, and express greater pleasure in affectionate contact. However, these men are still strongly influenced by an essentialist perspective of the importance of the mother's function in the relationship with children, and show that they are unaware of the true importance of the function of the father. They lack a paternal model and thus tend to mirror the maternal one. The study concludes that groups where men can discuss the important role fathers play in their children's development would be helpful to men and women and contribute to building a better society.

Ngom, P., S. Wawire, T. Gandaho, P. Klissou, Toussaint, Adjimon, M. Seye, E. Akouanou, and L. Winter. ***Intra-Household Decision-Making on Health and Resource Allocation in the Borgou, Benin: Final Report.*** New York: Population Council, 2000.

In rural Benin, men control household resources and make most decisions regarding childbearing and use of health services. According to this report, in order to improve

maternal and child health, programs should educate community members on the need to invest in health care and to seek prompt treatment for illness. Reproductive health programs should also educate men about family planning and address women's concerns about contraceptive side effects.

Ntabona, A.B. "Involving Men in Safe Motherhood: The Issues." In *Programming for Male Involvement in Reproductive Health, Report of the Meeting of WHO Regional Advisers in Reproductive Health*. Washington, DC: WHO/PAHO, 2001.

Male involvement and participation in the implementation of Safe Motherhood initiatives are particularly important given the role of men as gatekeepers. However, it is widely recognized that men are often marginalized by maternal health services and are provided limited access to information and knowledge that they need to make informed choices to protect their and their family's health. This paper makes the case for the unique role men play in child and maternal health, but also mentions the significant power differential among men. It argues that there is still a need to investigate the effect of maternal death on bereaved husbands, to broaden the "minimalist support" of men who argue that they are already involved, to convince policymakers that they must increase their investment in safe motherhood, and to train providers so that they are more comfortable in engaging men in the pregnancy and childbirth process. The authors acknowledge that male involvement in safe motherhood is built on gender-based roles and, therefore, some aspects may be achievable within a generation while others will take longer and some goals may never be achieved.

Population Council. "Men and Women Differ in Expectations About Male Involvement in Pregnancy. Harare, Zimbabwe." *Horizons Report* (Spring, 2001): 13-14.

A study was conducted in Harare, Zimbabwe, examining the effect of increasing men's role in antenatal care on the degree of HIV risk for couples. The study consisted of 30 focus group discussions and 30 in-depth interviews with pregnant women, men, community leaders, and antenatal care staff at health centers serving commercial farming communities in Zimbabwe. The study results indicated broad interest in male involvement among both men and women. Furthermore, both men and women felt that involving men in antenatal care should include providing financial support, accompanying pregnant partners to the clinic, and sharing IEC materials on pregnancy. Researchers found, however, that men and women had different ideas of what "male involvement" meant, with female respondents indicating that male involvement means male partners actively engaging in the pregnancy and not just being passive recipients of information. The study also identified many barriers faced by the men who desired to become involved in the antenatal care of their partner.

Raju, Saraswati, and Ann Leonard. *Men as Supportive Partners in Reproductive Health: Moving from Rhetoric to Reality.* New York: Population Council, 2000.

This abstract can be found on page 13.

Ransom, E. "What Role Do Men Have in Making Motherhood Safer? Questions Researchers Can Ask." Paper presented at Population Association of America Annual Meeting, 2000.

The men in a mother's life influence her safety and well being throughout the experience of motherhood. Men can play a role in planning for childbirth, supporting the woman during pregnancy, dealing with the delays that women face in obtaining a safe delivery and navigating the post-partum period safely. In addition, men can support women's efforts to balance motherhood in the context of all their other responsibilities—housework, childcare, and other labor. This paper suggests that researchers ask questions that will help program designers know how to involve men in concrete ways.

Roth, Denise M., and Michael T. Mbizvo. "Promoting Safe Motherhood in the Community: The Case for Strategies that Include Men." *African Journal of Reproductive Health* 5.2 (2001): 10-21.

Although a decade has now passed since the launching of the Safe Motherhood Initiative, maternal mortality continues to be the health indicator showing the greatest disparity between developed and developing countries. Research suggests that improving awareness of obstetric complications among members of a pregnant woman's immediate and wider social network is one of the most important steps in improving her chances of survival when such complications occur. While many of the interventions to date have focused exclusively on improving women's knowledge and practices, it is now increasingly recognized that in order to achieve improvements in reproductive health outcomes in general, and maternal health in particular, communities should be involved in the process and men's active participation encouraged. The article argues for the development and testing of risk awareness in interventions that target women and men in their familial and social roles within communities and as workers within health care services.

Working With Men on Dual Protection: Family Planning, STIs, and HIV/AIDS

Dual protection, the simultaneous prevention of STIs and unwanted pregnancy, is a reproductive health strategy that emerged from the fact that condoms (male and female) are the most effective means of preventing HIV/AIDS and are highly reliable contraceptives **when used correctly and consistently**. This twofold protection can be achieved in several ways. The use of condoms in itself is one method of dual protection since the correct and consistent use of condoms protects against pregnancy and STIs, including HIV. Infection and pregnancy can also be prevented when another contraceptive method is used concurrently with condoms. Dual protection provides a window of opportunity for increasing men's involvement in reproductive health, by

embracing men as allies in the prevention of unwanted pregnancy and efforts to control the spread of HIV/AIDS and other STIs.

Implementing dual protection programs requires integrating family planning and STI/HIV/AIDS prevention services; training and retraining service providers and counselors so that clients can make free and informed decisions; ensuring availability of condoms at service-delivery points and other outlets; focusing on young people, boys and girls; focusing on men as the users of condoms: introducing female condoms into reproductive health programs, and incorporating dual protection into programs for prevention of mother-to-child transmission of HIV (UNFPA, 2000).

The integration of STI prevention and family planning has been challenging, requiring retraining providers, reorienting consultations, and implementing outreach strategies that reach men and young men (Askew and Maggwa, 2002). But, it has also opened up opportunities, such as the use of men as community-based distributors (Green et al., 2002). Furthermore, Adeokun (2002) found that dual protection programs increase communication about sexual behavior between client and provider and among couples. His study also attributes the sustainability of dual protection programs to the conviction of providers, but notes the importance of addressing men's attitudes and behaviors. In another study, however, Maharaj (2001) confirms the challenge of convincing men and women in stable relations to use condoms.

Cates and Spieler (2001) urge that dual protection messages focus on adolescents. Indeed, programs that target youth have embraced dual protection, even though young people are not concerned with family planning. They worry about the risk of unwanted pregnancies and dying from AIDS (IPPF/WHR, 2001; Hatzell, 2002; Norman and Uche, 2002). Yet, in some countries young men consider getting an STI and getting a girl pregnant as a mark of masculinity (Nzioka 2001). Nevertheless, two interventions in Zimbabwe that encouraged safer sex among adolescents resulted in increased abstinence and monogamy, although the use of condoms and contraception for dual protection remained unchanged. Other abstracts included in this review capture the recommendations generated during an Open Forum on Condom Promotion and Dual Protection (Population Council and IGWG 2001) and the 2000 World AIDS Campaign that focused on HIV/AIDS prevention among men (UNAIDS 2000). The *Stepping Stones* communications, relationship and life-skills training package has been used in several countries as a methodology for preventing HIV/AIDS (IGWG, 2003). The article by Warren (2002) relays lessons learned from programs that focus on female condoms and other vaginal barriers. He also points out policy issues, such as male involvement that need to be addressed regarding female condoms.

Abstracts

Adeokun, L., J.E. Mantell, E. Weiss, G.E. Delano, T. Jagha, J. Olatoregun, D. Udo, S. Akinso, and E. Weiss. "Promoting Dual Protection in Family Planning Clinics in Ibadan, Nigeria." *International Family Planning Perspectives* 28, no. 2 (2002): 87-95. Accessed online at www.guttmacher.org/pubs/journals/2808702.html, on August 1, 2003.

Integrating efforts to prevent HIV and STIs, and promoting condom use in family planning services is urgently needed due to the increasing HIV prevalence in sub-Saharan Africa. Dual protection counseling and provision of the female condom were introduced in six family planning clinics in Ibadan, Nigeria. Observations between clients and service providers, clinical service statistics, provider interviews, and other qualitative and quantitative methods were used to assess family planning providers' promotion of dual protection. After intensive training, providers delivered dual-protection counseling to many of the clients. They also demonstrated the female condom to 80 percent of the new clients observed. Communication about sexual behavior among clients and their partners increased, as did discussion of various contraceptives that protect against HIV infection and of how to negotiate condom use. Health providers' conviction of the importance of HIV/AIDS prevention was found to be crucial to promoting and sustaining the dual-protection initiative. Condom purchases increased from 2 percent of all family planning visits in 1999 to 9 percent in 2001. The increase was attributable to the acceptance of the female condom used alone or in conjunction with another form of contraception. Dual-protection counseling integrated with female condom provision into family planning services appears feasible from both client and provider perspectives. However the author notes that while providers and clients are key to transforming family planning to dual-protection services, the attitudes and behaviors of clients' male partners must be considered in gauging the success of the dual-protection intervention.

Askew, I. and N.B. Maggwa. "Integration of STI Prevention and Management With Family Planning and Antenatal Care in sub-Saharan Africa—What More Do We Need to Know?" *International Family Planning Perspectives* 28, no.2 (2002): 77-86.

The association between STIs and HIV transmission has brought attention to dual-protection of STI prevention and management into existing family planning and antenatal care programs. Little is known, however, about how integrated services can be designed and the impact they will have on preventing infection and unwanted pregnancy. This article reviews what is and is not known about integration and identifies priority areas to be addressed through research. It was found that the feasibility and effectiveness of strategies focusing on the addition of either STI prevention services or detection and treatment activities are uncertain. There exists an urgent need for research in the following three areas: 1) the development and testing of strategies that seek to reorient the goals of routine consultations toward protection against the dual risks of unwanted pregnancy and infection and involvement of clients in deciding the outcome of the consultation; 2) strategies that reach male partners and facilitate adolescents' access to sexual and reproductive health services need to be developed and tested; and 3) prospective randomized studies to test and compare the impact of alternative integration strategies on population-level indicators of behavior and health.

Cates, W., Jr., and J. Spieler. "Contraception, Unintended Pregnancies, and Sexually Transmitted Infections: Still No Simple Solutions." *Sexually Transmitted Diseases* 28, no.9 (2001): 552-4.

Decisions about how best to achieve dual protection against STIs and unintended pregnancy involves complex factors that operate at the individual, community and policy level. Contraceptive use at the individual level is affected by the perceived risks, while social norms affect contraceptive acceptance at the community level. At the policy level, national costs influence the political priorities. Moreover, both biologic and behavioral factors influence the effect of contraception on pregnancy and infection. Biologically, hormonal contraception is associated with increased risk of STD infection, while the influence of behavioral factors suggests an inverse association of the efficacy of contraception between infection and pregnancy prevention. Promotion of condoms is crucial to the effort of preventing both infection and pregnancy. Available resources for condom promotion should focus first on at-risk groups in order to have the greatest public health impact. Despite the barriers to condom promotion, achieving dual protection is possible if adolescents, a risk-vulnerable group, are given high priority in dual-protection messages and active participation of men is achieved.

Green, C.P., S. Joyce, and J.R. Foreit. ***Using Men as Community-Based Distributors of Condoms*****.** Program Briefs 2**.** Washington, DC: Population Council/ Frontiers, 2002.

This briefing reviews operational research evidence and other studies in 13 countries regarding the effectiveness of men as community based distribution (CBD) workers. It examines five different areas that influence whether or not the recruitment of more men as CBD workers results in greater use of male condoms as dual protection against pregnancy and STIs. The issues addressed were: 1) Do communities accept men as CBD distributors? 2) Do men sell more condoms than women do? 3) Do men recruit more male clients than women do? 4) Do male agents provide as many couple years of contraceptive protection as female agents do? 5) Must program managers take special steps to incorporate men into CBD programs?

Hatzell, T. ***Measuring the Effectiveness of Dual Protection Initiatives for Youth***. FOCUS on Young Adults. Washington, DC: Pathfinder International, 2002.

This paper discusses the practical research techniques applied to measure effectiveness of dual protection initiatives for youth. These include collection and analysis of behavioral data, and assessment of biologic measures. It is noted that promoting condom use by sexually active adolescents is an accepted dual protection intervention for preventing both undesired pregnancy and transmission of HIV and other sexually transmitted infections.

Interagency Gender Working Group (IGWG). ***Involving Men to Address Gender Inequities: Three Case Studies.*** Washington, DC: Population Reference Bureau for USAID's Interagency Gender Working Group, 2003.

This abstract can be found on page 53. See section on *Stepping Stones*.

IPPF/WHR. "Adolescent Males in Colombia Need Information and Services to Contribute to Prevention of Unplanned Pregnancies and STI/HIV Infection." *Forum* 15, no.1 (2001): 12.

While Profamilia/Colombia has been successful in reaching adult men through its three clinics, the association found that the needs of adolescent boys in Colombia have been insufficiently addressed. A study conducted by the Demographic and Health Survey in 2000 revealed that since 1985 adolescent fertility and pregnancy rates have increased significantly. Results also showed the low usage of family planning methods among adolescents. However, it is hoped that their knowledge on STI, HIV prevention could improve. Hence, Profamilia designed a pilot project that would increase adolescent males' participation in sexual and reproductive health programs. Through its training and informational campaigns, the project aims to increase knowledge of family planning and STI/HIV prevention among adolescent males aged 15-19 years old. Finally, the two-year project of Profamilia's existing youth services in Bogota, Cali, and Medellin will cost approximately US$85,000/year.

Maharaj, P. "Obstacles to Negotiating Dual Protection: Perspectives of Men and Women." *African Journal of Reproductive Health / Revue Africaine de la Sante Reproductive* 5, no.3 (2001): 150-161.

This article presents results from a qualitative study on the perspectives of sexually active men and women about the risks of unwanted pregnancy and HIV/AIDS. The study found high levels of risk awareness of unwanted pregnancy and HIV/AIDS and widespread knowledge that condoms are a method of preventing pregnancy and HIV/AIDS. However, many real and perceived barriers to condom use exist, especially in stable sexual relationships. In stable long-term relationships, resistance to condom use was found to be strongly associated with STIs (including HIV/AIDS). The study found that men and women did not see the need for condoms in stable, on-going sexual relationships if a more effective method is used for pregnancy prevention. Condom use in such relationships may be seen as a clear sign of infidelity. The results of various attitudes about condom use represent a major obstacle to the use of condoms as a dual method of protection.

Norman, L.R., and C. Uche. "Prevalence and Determinants of Sexually Transmitted Diseases. An Analysis of Young Jamaican Males." *Sexually Transmitted Disease* 3 (March 2002): 126-32.

Jamaican adolescents have high rates of sexually transmitted diseases (STDs). Since the sexual behaviors that put an individual at risk for HIV are the same as for other STDs, the

prevalence and determinants of STD symptoms among a sample of young Jamaican males were examined. As part of the 1997 Reproductive Health Survey, male adolescents and young adults in Jamaica were surveyed about symptoms of STDs and related sex behaviors. Overall, 9 percent of the sample reported symptoms of STDs in the year before the interview. Rates of high-risk sexual behaviors were high. Logistic regression analyses indicated that being older and having multiple sex partners were associated with having symptoms of STDs. Prevention programs should recognize that various factors can increase the risk of contracting and transmitting STDs, including HIV. Interventions should be targeted to those with high-risk behaviors that are conducive to continued participation in high-risk sexual behaviors.

Nzioka, C. "Perspectives of Adolescent Boys on the Risks of Unwanted Pregnancy and Sexually Transmitted Infections: Kenya." *Reproductive Health Matters* 9, no.17 (May 2001): 108-17.

Sexual debut for boys in Kenya usually occurs by mid-adolescence. This study looks at the perspectives of adolescent boys aged 15-19 attending schools in rural, eastern Kenya on the dual risks of unwanted pregnancy, sexually transmitted infections (STIs) and HIV, based on qualitative data from eight focus group discussions with 90 boys. Despite a high knowledge of sexual risks, fear of HIV, and awareness of the protective value of condoms, the young men exhibit high-risk behavior. They feel the need to conform to social prescriptions of male prowess, early sexual experience, and having more than one partner, yet their feelings about this behavior are ambiguous and contradictory. They consider getting girls pregnant and having had a treatable STI as marks of masculinity, blame girls for not protecting themselves (and girls' parents), and want to boast about their sexual conquests to their peers. Yet they feel embarrassed and reticent about discussing sexual issues with adults, and are unwilling to get condoms from places where anonymity is not assured as they know their sexual activity is not sanctioned. There is a clear need for educational programs that confront male sexual norms; address issues of gender power relations; and promote communication skills, informed choice and sexual responsibility among boys as well as girls. Moreover, good quality condoms free or at affordable costs should be consistently and easily accessible.

Population Council, Frontiers in Reproductive Health, Horizons, P.C. and Population Council. ***Expanding Contraceptive Choice: USAID Open Forum on Condom Promotion and Dual Protection*****.** Washington, DC: Meeting report, February, 2001.

In 2001, USAID's Open Forum on Condom Promotion (CP) and Dual Protection (DP) was conducted with the aim of programming for CP and DP to reduce HIV infections. The objectives were to raise awareness of the importance of building CP and DP efforts in programming activities and to exchange information that will facilitate efforts to develop strategies for incorporating CP and DP into programs. A total of 134 representatives from various international and national agencies participated in the forum. Seven recommendations were generated during the Forum activities: 1) determine who is at risk of contracting HIV; 2) promote dual protection among youth; 3)encourage family

planning programs to see men and sexually active adolescent males as their clients; 4) address gender, power, sex, pleasure and negotiation in relation to condom promotion; 5) support microbicide development; 6) ensure donor coordination and collaboration; and 7) support and scale-up successful programs.

Population Council, Frontiers in Reproductive Health. ***Zambia: Youth Reproductive Health. Peer Educators Can Promote Safer Sex Behaviors.*** New York: Population Council, May 2001.

Two interventions on condom distribution by peer educators and small business loans to youth aged 14-19 led to safer sexual practices among adolescents in peri-urban communities. Both program participants and their peers reported an increase in abstinence and monogamy and a decrease in sexually transmitted infections. Youth in the intervention areas were better informed about ways to prevent HIV/AIDS than those in the control group. However, the interventions did not lead to greater use of contraception or condoms for dual protection.

United Nations Population Fund. ***Partnering: A New Approach to Sexual and Reproductive Health*****.** New York: UNFPA, 2000.

This abstract can be found on page 20.

United Nations Programme on HIV/AIDS (UNAIDS). ***Men and AIDS—A Gendered Approach. 2000 World AIDS Campaign.*** Geneva, Switzerland: UNAIDS, 2000.

This document discusses the 2000 World AIDS Campaign, which focuses on the issue of preventing HIV/AIDS in men. It is noted that although women are at special risk of HIV, men's vulnerability to the disease is also heightened due to cultural beliefs and expectations. Five main reasons for focusing preventive campaigns on men include: men's health receives inadequate attention; men's behavior puts them at risk of HIV; men's behavior puts women at risk of HIV; unprotected sex between men endangers both men and women; and men need to give greater consideration to AIDS as it affects the family. While men's behavior contributes substantially to the spread and impact of HIV, and puts them at risk, such behavior can change. Engaging men as partners in the effort against AIDS is the surest way to change the course of the epidemic. Through the World AIDS Campaign, the Joint UN Programme on HIV/AIDS and its partners globally will work with both women and men, with nongovernmental organizations, governments, and the UN system to bring a much-needed focus on men.

Warren, M. "The Female Condom Experience: Lessons for Microbicides." *Health and Sexuality* 7, no.3 (2002): 13-14. Accessed online at www.arhp.org/healthcareproviders/onlinepublications/healthandsexuality/microbicides/femalecondom.cfm on August 1, 2003.

This article presents key lessons learned and core policy issues that need to be addressed

in future programs focused on female condoms and other vaginal barriers. These lessons include: 1) broader issues of women's empowerment; 2) male involvement; 3) additional protection; 4) promoting dual protection; and 5) comprehensive training for providers, potential users, and partners; and involving the community.

Men's Role in Addressing Gender-Based Violence

Gender-based violence is a serious public health problem. Reproductive health professionals increasingly acknowledge that violence against women is a cross-cutting issue that they must address, since they are often the only health care providers many women see. State-of-the-art programs that address gender-based violence take a holistic approach, recognizing the importance of involving all members of the community. These programs may use different strategies and emphasize diverse issues but key elements common to successful interventions include advocacy, raising awareness, and providing services, such as screening, treatment, and education. Programs target policymakers, religious and community leaders, parents, teachers, men, women, and adolescents with the aim of refuting gender-based violence as a social norm. These programs raise awareness about sexual coercion and psychological, physical, and sexual abuse. They train police to be more sensitive to victims of domestic violence (Rashid, 2002), provide psychological care and legal referrals to survivors of abuse, and attempt to change behaviors by challenging existing stereotypical gender roles of manhood. Behavior change communication, an approach with significant short-term success, provides men, women, and young people with alternative models of masculinities that reduce the pressure on men to live up to an unrealistic model of manhood by providing alternative models that are more gender equitable and relevant to current life styles (IGWG, 2003; IPPF/GTZ, 2003). Tostan, based in Senegal, goes from village to village to engage men in efforts to eliminate female genital cutting (FGC). As of September 2001, it has succeeded in convincing almost 300 villages to abandon this harmful practice.

Abstracts

Interagency Gender Working Group (IGWG). ***Involving Men to Address Gender Inequities: Three Case Studies.*** Washington, DC: Population Reference Bureau for USAID's Interagency Gender Working Group, 2003.

This abstract can be found on page 53. See section on *Salud y Género*.

Instituto Promundo and Instituto Noos. ***Preventing Violence against Women in Partnership with Men: Report of Current Activities.*** Rio de Janeiro, Brazil: 2000.

This is a compendium of activities undertaken by Instituto Promundo and Instituto Noos that involve adult and adolescent men in the prevention of violence against women. The activities include discussion groups to raise awareness about the problem among community leaders, governmental and non-governmental organizations, including the health sector and local police. If they volunteer, men who have been violent toward a

partner participate in discussion groups. Peer promoters involved in violence and HIV/AIDS prevention programs in low-income communities produced a play on domestic and dating violence, composed a rap against violence and developed a cartoon book on dating and relationship violence. As they work on violence prevention, Instituto Promundo and Instituto Noos conduct operational research to learn about the factors that contribute to violence--the causes as well as the strategies that prevent it.

INSTRAW. ***Partners in Change: Working with Men to End Gender-Based Violence***. Santo Domingo, Dominican Republic, 2002.

The papers in this publication explore the different kinds of partnerships for ending gender-based violence, and men's roles and responsibilities within these. These roles in and responsibilities for change range across the spectrum, from men changing their relationships with their intimate partners to male-dominated institutions changing the way they function in order to better confront issues of gender and violence. Some of the individual, institutional and structural changes that are required are discussed in this volume, as are ways in which men can become partners with other men and women in implementing changes.

IPPF/GTZ. "Addressing Gender-Based Violence in Sexual and Reproductive Health Programmes." Based on the report of the joint IPPF/GTZ capacity building workshop in Addis Ababa, Ethiopia, January 2003.

This is a report of a workshop that focused on forms of gender-based violence, including female genital mutilation (FGM), early and forced marriage and sexual and domestic violence, all of which are prevalent in Africa. It includes information about the context within which gender-based violence occurs, strategies that address it, and several case studies. These summaries highlight major challenges, models of good practice, and key lessons to demonstrate effective strategies for responding to a range of GBV concerns.

Michau, L.S., D. Naker, and Z. Swalehe. "Mobilizing Communities to End Violence Against Women in Tanzania." In ***Responding to Cairo: Case Studies of Changing Practice in Reproductive Health and Family Planning***, ed. Nicole Haberland and Diana Measham. New York: Population Council, 2002.

This chapter discusses the evolution of *Jijenge!* from a broad-based women's health and rights project to a tightly focused campaign to combat gender violence, particularly women's subjection to violence within the family in Mwanza, Tanzania. Reinforcing messages were conveyed through different media and venues, including community theater, murals, radio programs, and booklet clubs. Watch groups were formed to offer assistance to women in distress, and workshops were organized specifically for men to change their behavior and attitudes regarding violence between intimate partners. Anecdotal evidence and qualitative research findings indicate that the project has had positive effects.

Rashid, Maria. "Giving Men Choices: A Rozan Project With the Police Force in Pakistan." In *Partners in Change: Working With Men to End Gender-Based Violence.* Santa Domingo, Dominican Republic: UN-INSTRAW, 2002.

Rozan, an NGO based in Islamabad, Pakistan, succeeded in raising awareness about gender and violence issues among police who participated in their training program. The work with the police is based on the premise that men are part of the solution in addressing such issues as gender-based violence. Workshops addressed communication skills, stress and anger management, visioning an ideal society, understanding the social construct of gender, gender stereotyping, sensitization to issues of violence, and the role of the police in violence against women and children, among other topics.

UNHCR. Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations: Inter-Agency Lessons Learned Conference Proceedings. Geneva, Switzerland: United Nations High Commissioner for Refugees, March, 2001.

This report aims to reduce the incidence of violence against women by increasing the knowledge and understanding of programs that address sexual and gender based violence (GBV). It examines what gender-based violence programs have accomplished, refines protocols, monitoring and evaluation tools, suggests how to strengthen coordination mechanisms in prevention and response plans, develops recommendations for future programs, identifies gaps and suggests changes in the UNHCR Sexual Violence Guidelines. Though the report was developed for professionals working in refugee situations many of the recommendations are applicable to populations living in more stable conditions. The report is based on the assumption that all members of society, including the judicial and legal system, health care workers and perpetrators have to be involved in GBV prevention. A gender perspective and communal responsibility for addressing this problem underlies the entire report. The chapter on male involvement considers the challenges of working with men, includes a section on lessons learned, and provides examples of male involvement programs. It concludes with a series of recommendations.

United Nations Population Fund. A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers. New York: UNFPA, 2001.

This publication contains practical steps needed to integrate measures on gender based violence into reproductive health facilities. It is also meant to help a wider range of readers to understand the connections between reproductive and sexual health and violence. While the Programme Guide is targeting primarily health service providers, it can also be used as a reference guide for advocacy purposes or to undertake other activities in this area.

Velzeboer, M., M. Ellsberg, C.C. Arcas, and C. Garcia-Moreno. *Violence Against Women: The Health Sector Responds.* Washington, DC: PAHO and WHO, 2003.

Accessed online at www.paho.org/English/DPM/GPP/GH/VAWhealthsector.htm, on August 1, 2003.

This publication provides strategies for addressing gender-based violence and suggests concrete approaches for women who live with violence, but also for program designers who could incorporate the lessons learned from pilot projects. It endorses a communal approach and provides information on how to incorporate men in "changing the culture of violence." The collaborative undertaking by PATH, NORAD, SIDA, PAHO, and WHO is divided into two sections. The first evolves from making the case that gender-based violence is a public health problem, to describing how a "Critical Path" study helped define PAHO's integrated strategy for addressing this pervasive problem. Section two informs on lessons learned as the strategy is applied to different sectors of society in Central America: policy, health sector, in clinics and communities. The concluding chapter looks at the global implications of PAHO's approach. The report includes a wealth of resources, such as materials available on this issue from the collaborating agencies, training manuals and guides and sources available on the Internet, including organizations that work on this issue in Latin America.

V. Targeting Specific Groups of Men

One of the lessons learned from successful programs is the importance of targeting specific audiences. This is one of the reasons for segregating programs for adolescent boys and young men. Even this sub-group is not homogeneous, requiring carefully designed programs that work with boys and young men who are literate or illiterate, employed or unemployed, have supportive families or are living on the streets, and many of whom are often abused (Barker 2003). These young men have different needs, especially as compared to the needs of adult men who tend to be in stable relationships, want to have children or have completed their families. Moreover, since all men are hard to reach because they are unlikely to come to clinics, employment and community-based programs are an excellent means of involving them in reproductive health. Such initiatives have been successful in reaching men in the work force (often through their trade unions), young recruits in the armed forces, and men in prisons.

Designing Programs for Adolescent Boys and Young Men

Programs that target youth have a unique opportunity and a unique burden. While these programs can affect the future of mankind, programs that work with young people face the challenge of protecting youth from AIDS, unplanned pregnancy, and gender-based violence, including FGM, in climates that are hostile to addressing these issues with adolescents. Rosen (2000) identifies the roots of this tension and provides suggestions for overcoming these barriers through strategies that are culturally sensitive. Two articles (Alvin, 2001, and the Contraceptive Technology Update, 2003) underline the constraints under which health care providers work when treating adolescents. Confidentiality is a serious challenge given the need to bill parents or guardians and maintain medical records. In addition, pediatricians are not trained to address sexuality and contraception and, therefore, are uncomfortable talking about these health issues. Alvin addresses confidentiality in terms of prescribing contraceptives. His article informs doctors on how to ask questions about the sexual lives of minors. A guide to good practices (Rivers and Aggleton, 2002) provides examples of effective projects and includes a section on advocacy and sustainability. Alauddin and MacLaren (1999) underline the importance of reaching married adolescents as a strategy for reducing unwanted pregnancies and introducing family planning to young couples.

Addressing how boys are socialized is another key element of programs that work with adolescent boys and young men. With this in mind, Barker (2000) has developed a scale that measures the gender equitability among young men. Three publications by WHO—*Boys in the Picture*, *What About Boys?* and *Working with Adolescent Boys*—advocate for recognition of the importance of including young men in reproductive health programs and defining their unmet needs. Barker also identifies key steps for building programs that effectively reach boys, such as "gathering information on boys' social patterns, peer networks and factors that influence boys' attitudes and behavior." *Young Men Moving Forward* (2002) describes the male involvement program for teens and young men run by the state of California. Centerwall (1999) describes the Swedish initiative to reach young men. *Target: Adolescent Boys* (IPPF/WHR 2001)

describes programs for this population initiated by the IPPF/WHR, which has a free electronic newsletter on adolescent reproductive and sexual health (see www.ippfwhr.org/publications/subscribe).

Since young people are particularly vulnerable to HIV/AIDS, many programs focus on HIV/AIDS prevention. One recent article explores how youth programs help young people protect themselves against AIDS (Cheetham, 2003) and an earlier one (Ashford, 2000) examines the success of the SMASH (*Social Marketing for Adolescent Sexual Health)* program in Botswana, Cameroon, and South Africa.

Abstracts

Alauddin, M., and L. MacLaren. *Reaching Newlywed and Married Adolescents*. Research Triangle Park, NC: FHI, 1999.

In most of the world, family planning programs have had great success in slowing population growth and improving women's reproductive health status by providing services to married couples. Yet in many countries, these programs tend to reach older women, after they have had their desired number of children. Though family planners encourage women to plan their family size and adequately space births, the youngest married couples, especially wives under the age of 19, are often overlooked. Despite some evidence that premarital births are on the rise, the majority of births to adolescent women in developing countries occur within wedlock. This publication identifies the barriers, benefits, and strategies of reaching married adolescents.

Alvin, P., A.M. Neu-Janicki, P. Jacquin, and C. Salinier. "Adolescents and Contraception: What Should the Pediatrician Know?" *Archives de Pediatrie* 9, no.2 (2002): 187-95.

Despite the fact that many adolescents are sexually active and reproductive health is an important aspect of adolescent medicine, pediatricians are often uncomfortable with the issues of sexuality and contraception because this is not part of their regular training. The general purpose of this article is to increase pediatricians' competence in talking to adolescents about the sensitive issue of contraception. The article also addresses such issues as confidentiality and prescription of oral contraceptives to minors, how to ask questions about sexual and reproductive life, best initial choice and oral contraception, and, finally, what about boys specifically.

Ashford, Lori. *Social Marketing for Adolescent Sexual Health (SMASH): Results of Operations Research Projects in Botswana, Cameroon, Guinea, and South Africa.* Washington, DC: PSI and PRB for USAID, 2000.

AIDS, other STIs, and unintended pregnancies have reached critical levels in sub-Saharan Africa, creating a need for innovative prevention programs for vulnerable groups. This report describes operations research projects in Botswana, Cameroon,

Guinea, and South Africa that attempted to determine whether social marketing interventions improved adolescent understanding of sexual health issues and access to reproductive health products and services.

Barker, G. "Engaging Adolescent Boys and Young Men in Promoting Sexual and Reproductive Health: Lessons, Research and Programmatic Challenges." In *Adolescent and Youth Sexual and Reproductive Health: Charting Directions for a Second Generation of Programming.* Background document, 1-3 May 2002, a workshop of the UNFPA in collaboration with the Population Council. New York: Population Council, 2003.

As its title suggests, this chapter identifies young men's needs based on research findings. They need information on reproductive and sexual health, access to condoms, and opportunities to talk about such matters. Additional research is needed to learn more about young men's views on sexuality, their role in society, and their perception of female roles and women's sexuality. One of the underlying themes in this paper is the diversity among young men and its implications on programs that work with adolescent boys and young men; they should be aware that needs and attitudes differ widely even within these sub-groups. Along these lines, Barker advocates that adolescent reproductive and sexual health programs that focus on condom use should address other contraceptive methods, but should also deal with "gender-specific health needs" such as substance abuse, violence, suicide, schooling, job training, and employment.

Barker, G. "Gender Equitable Boys in a Gender Inequitable World: Reflections from Qualitative Research and Program Development with Young Men in Rio de Janeiro, Brazil." *Sexual and Relationship Therapy* 15, no. 3 (2000): 263-282. Accessed at www.promundo.org.br/english/displ.asp?arid=20, on August 1, 2003.

Barker defines "gender-equitable" behavior among young men and attributes indicators to assess their behavior on a scale of high, medium or low gender equitability. Men who are gender-equitable respect young women and seek relationships based on equality and intimacy rather than sexual conquest. Their attitudes and behaviors indicate they support the notion that men and women have equal rights, and that women have as much sexual desire and right to sexual agency as men. These men seek and form intimate relationships that go beyond physical relations.

Center for Reproductive Health Research and Policy Institute for Health Policy Studies, School of Medicine University of California, San Francisco. *Young Men Moving Forward.* California Department of Health Services, Office of Family Planning, January 2002.

The report highlights lessons learned from the Male Involvement Program, established in 1995, as part of California's teen pregnancy prevention program for males. It includes historical background information about teen pregnancy prevention efforts, the program's philosophy, and the community-based program strategy. The program covers such topics as health, employment, goal setting, and self–esteem. Schools, juvenile detention

centers, after-school programs, and migrant camps were all involved in implementing the program. Strategies included leadership development, outreach, role-play, and teen theatre. Results of a rigorous evaluation indicate that young men need additional support and reinforcement regarding all aspects of male responsibility: parenthood, making informed decisions, planning for and taking an active role in preventing pregnancy. The lessons learned address such issues as program strategies, social and cultural norms, institutional changes, links to clinical services, youth development, and youth-adult partnerships.

Centerwall, E. "BOYS!" *ENTRE NOUS* 45 (Winter 1999): 15-6.

This article presents the Swedish initiatives to involve men in sexual and reproductive health services. In a 1982 survey conducted in Sweden, it was noted that Swedish boys had no one to talk to regarding their problems and intimate matters. As a result, the National Board for Health and Welfare organized a training session for men and women who wanted to educate adolescent boys and young men. The target groups included military personnel, teachers, nurses, midwives, ministers, coaches and other key persons caring for young men. In addition, father-and-son programs, projects for delinquent boys, and a men's network concerned with violence against women were developed. Subsequently, a social infrastructure grew during the last decade; the Swedish Family Planning Association has established several clinics with special space or hours for boys, in cooperation with the city of Stockholm and the National Institute for Public Health. Crisis centers and counseling services were started, reaching out to men who had never been reached by family planning providers.

Cheetham, N. ***Youth and the Global HIV/AIDS Pandemic.*** Washington, DC: Advocates for Youth, 2003.

This document presents facts to illustrate the following situations: youth face significant rates of HIV infection around the world; young women and girls are especially vulnerable in sub-Saharan Africa and South Asia, while young men are also at high risk in many other regions; youth lack information, skills, and access to services and this fact fuels the epidemic; and programs and policies can help young people protect themselves.

Contraceptive Technology Update. "Maintain Confidential Care for Adolescents." *Contraceptive Technology Update* 24, no.4 (2003): 41-42.

Providing confidential care for adolescents can be challenging for health practitioners. Some of the obstacles include limited time for office visits; difficulties in maintaining confidentiality in billing, medical records, certain important services and follow-up communication; and lack of training in adolescent issues among providers and staff.

FOCUS on Young Adults. ***Advancing Young Adult Reproductive Health: Actions for the Next Decade.*** Washington, DC: FOCUS on Young Adults, 2001. Accessed online at www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/index.htm

The paper summarizes findings of the FOCUS on Young Adults program from 1995 to 2001. It emphasizes the need to: 1) create a supportive environment with good policies including the promotion of social norms and cultural practices favorable to the provision and use of reproductive health; 2) improve knowledge, attitudes, skill, and behaviors of youth through schools, mass media, community-based efforts, and the workplace; and 3) increase the use of reproductive health services by youth through youth-friendly services, youth centers, linked school and health facility programs, private sector initiatives, and social marketing and mass media. It includes 39 rigorously evaluated programs and other studies.

IPPF/WHR. "Target: Adolescent Boys." *Forum* 15, no.1 (2001): 10.

Little research has been done on how to work with young men to construct positive attitudes toward sexual and reproductive health and more equitable relationships with women. To address this, the International Planned Parenthood Federation/Western Hemisphere Region and five NGOs support programs for adolescent boys by creating tools that address their development and attitudes on gender and health. One of the outcomes is the creation of four workbooks on issues that are specific to boys.

Rivers, K., and P. Aggleton. ***Working With Young Men to Promote Sexual and Reproductive Health: Safe Passages to Adulthood.*** Thomas Coram Research Unit, Institute of Education, University of London, January 2002. Accessed online at www.socstats.soton.ac.uk/cshr/SafePassagesyoungmen.html, on August 1, 2003.

In 1999 the United Kingdom's Government Department for International Development (DFID) funded a five-year program on research into young people's sexual and reproductive health in poorer country settings. This report is a summary and guide to good practices in working with young men. It includes a number of illustrative case studies, a discussion of key issues raised, and guidelines for work with young men. Effective works with young men should take into account the impact of gender relations and ideas about masculinity on boys and young men. The projects presented are multifaceted and are grouped together by themes or particularly innovative features. The report mentions projects in which young men's attitudes and behaviors provide young men with better information or better services. The report also focuses on youth-to-youth projects, such as peer education programs, among others. It distinguishes the rationale for working with young men, advocacy and sustainability. It concludes that work with young men must go beyond information about STIs and HIV/AIDS to exploring gender issues and offering specific guidelines for such work.

Rosen, J. ***Advocating for Adolescent Reproductive Health: Addressing Cultural Sensitivities.*** Washington, DC: Pathfinder International, FOCUS on Young Adults, 2000.

Many young people still lack adequate reproductive health care. While programs have been implemented that give youth the information and means to protect themselves against unwanted pregnancy and STIs, they are often faced with resistance from the

community because they challenge deeply held cultural beliefs about sex, parenting, and gender roles. Such efforts are controversial in almost all countries and at all levels of society, provoking intense debate at international conferences, within national parliaments, in local communities, at schools, and within the family. This paper discusses the roots of this controversy and how to recognize barriers in order to employ a range of culturally sensitive strategies to address these obstacles.

WHO. ***Boys in the Picture*****.** Geneva: World Health Organization, 2000.

This advocacy document aims to convince policymakers and program managers of the importance of considering boys in programming for adolescent health. The document is available in English, French, Spanish, and Portuguese. (WHO/FCH/CAH 00.8)

WHO. ***What About Boys? A Literature Review on the Health and Development of Adolescent Boys.*** Geneva: World Health Organization, 2000.

The assumption that adolescent males are faring well or better than adolescent girls and have less health needs are examined. The review sheds new light on how adolescent boys and girls differ in their health and development needs and what implication s these differences have for health interventions. It takes a gender approach, assesses the gender specific needs of adolescent males and provides ideas about how to improve the health and development of young men and women. (WHO/FCH/CAH 00.7)

WHO. ***Working With Adolescent Boys.*** Geneva: World Health Organization, 2000.

The document reports findings of lessons learned from programs that work with adolescent males in Africa, Asia, the Americas, and the Middle East. (WHO/FCH/CAH 00.10)

Programs That Target Specific Groups of Men

One of the earliest lessons learned from working with men is that men do not come to clinics. Programs that have been successful in working with men have reached out to them where they work and congregate. The most effective programs are those that target specific groups of men, such as drug users, men in the workplace, men in STI clinics, and students (Hawkes et al., 2001). The UNFPA technical report on partnering with men (2000) sites several examples of how to reach men and target specific groups. In the Dominican Republic, it is estimated that almost half a million men were reached with STI/HIV/AIDS prevention messages, using barbers as the conduit. The barbers also distributed condoms and were trained in interpersonal communications. They were encouraged to refer their clients with STIs to private and government clinics for treatment. In India more than 250,000 barbers have been trained as community health workers. Employment-based programs have been successful in reaching a large number of men, such as wheelbarrow boys in Fiji (McGoon et al., 2000) and soldiers in Georgia,

Russia (Maisuradze and Turdzeladze, 2001). Programs such as these are cost-effective and sustainable. One of the largest employers of men is the military and there is a growing interest in targeting this population. As HIV/AIDS continues to devastate countries, AIDS prevention has become a priority for the armed forces (Healthlink, 2002). UNFPA recently completed case studies of lessons learned from programs that work with the military (UNFPA, forthcoming). This provides an opportunity to introduce integrated gender-equitable reproductive health services into an establishment that has its own health infrastructure. Prisons are other institutions that are beginning to deal with the AIDS epidemic (Peres et al., 2002). Lastly, other highly vulnerable but neglected groups are men who have sex with men (Horizons, 2001 and Mackay, 2000) and street boys (Robinson et al., 2001).

Abstracts

Hawkes, S., A.R. Elwy, G.J. Hart, and M. Petticrew. "Interventions to Prevent STI/HIV Infection in Heterosexual Men: Results of a Systematic Survey." In *Programming for Male Involvement in Reproductive Health*, *Report of the Meeting of WHO Regional Advisers in Reproductive Health.* Washington, DC: WHO/PAHO, September, 2001.

This paper presents the results of an extensive survey to inquire about the most effective methods for including men in programs to prevent STIs/HIV. This systematic review determines the most effective methods of social and behavioral means of preventing the spread of HIV and other STIs among heterosexual men. Interventions that target different groups of men such as drug users, men in the workplace, men in STI clinics, and students, are listed along with the results. The outcomes range from those that are most effective in reducing the risks of infection to those that are most successful in changing men's attitudes and behaviors.

Healthlink. Combat AIDS: HIV and the World's Armed Forces. London, U.K: 2002. Accessed online at www.healthlink.org.uk/combat_aids.html, on August 1, 2003.

Soldiers are both vulnerable to HIV and linked to the spread of HIV, particularly in situations of conflict. This publication outlines some of the reasons why and includes material from focus group discussions with soldiers in Latin America, sub-Saharan Africa, and South-east Asia. It introduces some of the issues involved in, and approaches to working with, the military, including a section on HIV testing and on HIV prevention in the armed forces.

Horizons. *Meeting the Sexual Health Needs of Men Who Have Sex With Men in Senegal.* Research Summary. Washington, DC: Population Council, Horizons, November 2001.

The study provides important insights about the sexuality of men who have sex with men, their risk of HIV/sexually transmitted infections, and the role of violence and stigma in

their lives. The findings also highlight the lack of sexual health services and information available to meet their particular needs.

Mackay, T. ***Sexual Health of Males in South Asia Who Have Sex With Other Males: Results of Situational Assessments in Four Cities in India and Bangladesh*****.** John Snow International UK (JSI UK), 2000.

A situation analysis of the sexual health of men who have sex with men was conducted in four cities in India and Bangladesh through questionnaires, focused interviews, focus group discussions and observations. The results indicated that there is a great diversity in the social, sexual and gender identities and behaviors of the men in the study compared to those in developed countries. Results also indicated high levels of STI/HIV risk-taking behavior among those men who also have sex with women, and particularly among those men who sell sex. It was noted that there is inadequate access to condoms and lubrication in these locations. Recommendations resulting from the analysis include strengthening the community-based response to provide greater sexual health education and services, advocating political support from the leaders and officials, and creating an environment conducive to assisting men who have sex with men to reduce STI/HIV risk-taking behavior.

Maisuradze, N., and G. Turdzeladze. "Advocating Male Involvement: The Republic of Georgia." *Choices* (Autumn 2001): 15-8.

Since 2000, the Family Planning Association Georgia (FPAGEO) has been implementing a project that aims to increase public awareness of the importance of safe sex practice and to encourage clients to use family planning services. The project covers two regions of Georgia--Imereti and Samstskhe-Javakheti--and targets both women and men. The Imereti region has a number of displaced persons and military personnel. Thus, the FPA held a workshop among young male soldiers focusing on reproductive and sexual health, including STIs/HIV/AIDS. As another component of the project, the group held a workshop on gender equity and male involvement in reproductive health in Tbilisi. Results of a workshop survey among the 150 participants are presented.

McGoon, M., A. Cerelala, J. Speith, and S. Cheer. "Peer Education among Wheelbarrow Boys in Suva." *Pacific AIDS Alert Bulletin* 19 (2000): 3-4.

This paper looks at the effectiveness of peer education among the wheelbarrow boys in Suva, Fiji, and whether it had an effect on their sexual behavior. The peer education program began in February 1998 in response to evidence concerning the vulnerability of wheelbarrow boys to HIV/AIDS and sexually transmitted infections (STIs). 8 peer educators who conducted outreach in nightclubs, bars, street corners, amusement centers, taxi stands, and brothels talked to these vulnerable young sexually active people about sex and their knowledge of HIV/AIDS and STIs. The two focus groups of 14 participants highlighted the use of condoms to prevent the spread of HIV, and disseminated correct knowledge on how the virus spreads. After many group sessions, issues of sexual health began to unfold and they began to realize the importance of addressing such issues

openly. In addition, in-depth information enabling the wheelbarrow boys to make informed choices about their sexual health was successfully disseminated. Peer educators felt this was possible because of the relationships that were developed and sustained over a 12-month period. Researchers concluded that outreach to any vulnerable group is possible as long as ongoing support, respect, and collaboration is provided.

Peres, C.A., R.A. Peres, F. da Silveira, V. Paiva, E.S. Hudes, and N. Hearst. "Developing an AIDS Prevention Intervention for Incarcerated Male Adolescents in Brazil." *AIDS Education and Prevention* 14, no. 5 (October 2002): B36-44.

The objective of this study was to investigate knowledge, attitudes, and practices regarding AIDS among incarcerated male adolescents in Brazil and to develop an AIDS prevention intervention for this population. A questionnaire administered to 275 boys in São Paulo covered demographic and social characteristics, drugs, and HIV risk perception and behavior. Predictors of condom use included carrying condoms and endorsing the statement "I would use condoms with my girlfriend." Many said their lives include other risks more important than AIDS, such as survival in the crime scene. Initial efforts at prevention based on commonly used approaches of providing information to guide future rational decisions generated limited participation. However, interventions for these youth were better received when developed in collaboration with them and based on their beliefs, aspirations, and culture. Using such modalities as music, hip-hop arts, graffiti, and helping them to create an AIDS prevention compact disk, increased their enthusiasm. These incarcerated adolescents are at extremely high social risk and report high levels of risk behavior for HIV infection. The intervention that resulted went beyond AIDS to include issues such as violence, drugs, sexuality, and human rights.

Robinson, T., T. Thompson, and B. Bain. "Sexual Risk-Taking Behavior and HIV Knowledge of Kingston's Street Boys." *Journal of HIV / AIDS Prevention and Education for Adolescents and Children* 4, no. 2-3(2001): 127-47.

This study focuses on the sexual risk-taking behavior and HIV knowledge of the street boys of Kingston, Jamaica. Street boys are at increased risk because of their increased exposure to alcohol, drugs, and risky behaviors. Subjects of the study were former street boys currently enrolled at the Young Men's Christian Association and the National Initiative for Street Children. As a result of a questionnaire, risk factors identified included an inability to obtain condoms, negative attitudes toward condom use, early age at sexual initiation, multiple sex partners, and drug and alcohol use. In addition, many of these boys held misconceptions about HIV/AIDS. Other issues identified included intolerance toward homosexual behavior and physical abuse against girls. Sexual education, as well as access to contraceptives, is necessary for boys in these programs. In addition, conflict resolution counseling might aid them in building better relationships with girls from their peer groups.

St. Lawrence, J.S., R.A. Crosby, L. Belcher, N. Yazdani, and T.L. Brasfield. "Sexual Risk Reduction and Anger Management Interventions for Incarcerated Male Adolescents: A Randomized Controlled Trial of Two Interventions." *Journal of Sex Education and Therapy* 24, no.1-2 (1999): 9-17.

A study that evaluates a behavioral STI/HIV risk reduction intervention and a violence prevention intervention for incarcerated adolescent male offenders. Participants who attended a sexual risk reduction skills-training intervention evidenced significantly higher levels of AIDS knowledge and condom use self-efficacy, more positive attitudes about condoms, and significantly greater condom-use skill than those who participated in an anger management workshop post-intervention. There were no changes in attitudes or knowledge following the violence prevention intervention. Significant decreases in sexual risk behaviors and drug use were present in both groups at the follow-up.

UNFPA. ***Enlisting the Armed Forces to Protect Reproductive Health and Rights: Lessons Learned From Nine Countries. A Technical Report.*** New York: UNFPA, August 2003.

This document includes nine case studies on projects that introduce reproductive health into the military setting. The studies provide information about the reproductive and sexual health needs in the countries studied, describe the structure of the military in each country, document the history of the projects, highlight lessons learned and make recommendations for sustaining and strengthening these initiatives. The studies consider how issues of gender and human rights are addressed.

UNFPA. ***Partnering: A New Approach to Sexual and Reproductive Health*****.** New York: 2000.

This abstract can be found on page 20.

VI. Case Studies

Interagency Gender Working Group (IGWG). ***Involving Men to Address Gender Inequities: Three Case Studies.*** Washington, DC: Population Reference Bureau for USAID's Interagency Gender Working Group, 2003.

Prepared under the auspices of the IGWG's Subcommittee on Men and Reproductive Health, this publication highlights three innovative programs that have engaged men and youth in efforts to improve reproductive health outcomes for men and women.

Salud y Género, based in Mexico, has been a pioneer in working with men on reducing gender-based violence and improving men's support for women's reproductive health by making men aware that many of their behaviors are gender-based and can change.

The Society for the Integrated Development of Himalayas (SIDH), in India, aims to achieve social justice and improve reproductive health outcomes by focusing on educating young people about gender equity.

Stepping Stones, a program developed in Uganda, is a training package that focuses on communication, relationships, and life skills. It has been used to train men, women, and youth to increase gender awareness and thus prevent the transmission of HIV.

VII. Internet Resources

PROGRAM TOOLS AND APPROACHES

Resources from International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR):
Guide for Designing Results-Oriented Projects and Writing Successful Proposals
HIV/Gender Continuum
Manual for Evaluating Quality of Care from a Gender Perspective
Client Satisfaction Survey for Improved Family Planning Services
Trainer's Guide in Sexual Health

Accessed online at www.ippfwhr.org/publications/tools_e.asp, on August 1, 2003.

Resources from the Interagency Gender Working Group (IGWG), Washington, D.C.: USAID.
www.igwg.org

The Men and Reproductive Health section of this website provides background information on the task force, its values, priority themes and products it has commissioned.

Resources from Program for Appropriate Technology in Health (PATH). Reproductive Health Outlook. ***Men and Reproductive Health.*** Seattle: PATH.
www.rho.org/html/menrh.htm

This section of the RHO web site provides summaries of research and program issues in men and reproductive health that are relevant to the developing world. Topics include men's influence on women's health, impact of couple counseling, impact of gender role expectations on men's health, men's reproductive health needs and concern, reaching adolescent males, men and HIV, dual protection, gender-based violence, outcomes of "men and reproductive health" programs, men's attitudes toward family planning, vasectomy and cancer, and contraceptives methods for men.

MEN'S ROLE IN ADDRESSING GENDER-BASED VIOLENCE

Resources from Tostan
Accessed online at www.tostan.org/news-pub-dec.htm, on August 1, 2003.

ADOLESCENT BOYS AND YOUNG MEN

Resources from International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)

Self-Assessment Module: Sexual and Reproductive Health Programs for Youth
www.ippfwhr.org/publications/tools_e.asp

Resources from Michael Kaufman, independent consultant
www.michaelkaufman.com/articles

Resources from YouthNet
YouthNet, a subsidiary of Family Health International also has an extremely rich web site that includes abstracts of recent reports, program summaries and training materials. The sites listed are a few examples. These pages are linked to others that are not listed.
www.fhi.org/en/Youth/YouthNet/Publications/YouthLens+English.htm
www.fhi.org/en/youth/youthnet/prog/focus.html
www.fhi.org/NR/rdonlyres/e5nlxpwd42dlohg6kwi6avdyvep6dhf6wqys5momybhltbag44ym63zll7z5cuf45s5haehmwbosed/YouthLens+Number+1.pdf

FATHERHOOD

How to Build New Dads: From Here to Paternity; Supporting Mothers by Supporting Fathers. Father Facts. www.fathersdirect.com

Fathers Direct, the national information centre on fatherhood, publishes this briefing paper. It summarizes the available research on the involvement of fathers with pregnancy, childbirth, and the postnatal period and reports on the best practice of maternity units and health professionals around the UK, who are developing new ways of harnessing the potential of fathers to boost the health outcomes of mothers and infants.

DUAL PROTECTION

Dual Protection: Best Approach to Recommend May Vary
www.fhi.org/en/RH/Pubs/Network/v22_4/nt2244.htm

Promoting Dual Protection within Family Planning Services in Nigeria
www.popcouncil.org/horizons/ressum/dualprotnig.html, accessed online on August 1, 2003.

PROGRAMS THAT TARGET SPECIFIC GROUPS OF MEN

Naz Foundation International, www.nfi.net/home.html

The Naz Foundation provides support to MSM collectives across South Asia, with a focus on Nepal.

NOTES